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FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08502 (9)

1. Corporation Name

SOROPTIMIST INTERNATIONAL OF HOLIDAY ISLES, FL.,
INC.

Principal Place of Business

Mailing Address

PO BOX 8263
MADERIA BEACH FL 33738PO BOX 8263
MADERIA BEACH FL 33738-8263

MADEIRA - CORRECT

3. Date Incorporated or Qualified
04/02/19853a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-6153161Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, DORIS
220-126TH AVENUE
TREASURE ISLAND FL 33206

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WHITE, DONNA A	
STREET ADDRESS	8401 W. GULF BLVD.	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	RSD	<input type="checkbox"/> DELETE
NAME	BROWNLEY, ROSALIE	
STREET ADDRESS	8541 GULF BLVD	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THOMPSON, DORIS W	
STREET ADDRESS	220-126TH AVENUE	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TOLISANO, ERNESTINE	
STREET ADDRESS	6331 4TH PALM POINT	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENDRIXSON, EILEEN M	
STREET ADDRESS	7650 BAY SHORE DRIVE	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	CSD	<input type="checkbox"/> DELETE
NAME	MALKIN, CAROL	
STREET ADDRESS	12546 CAPRIL CIRCLE, N.	
CITY-ST-ZIP	TREASURE ISLAND FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DORIS W. THOMPSON, TREASURER

1/19/97

813-360-5148

Daytime Phone # 0051435

CR2E037 (9/96)