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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

370280 - 90319 - 5

DOCUMENT # **N08502**

1. Corporation Name

SOROPTIMIST INTERNATIONAL OF HOLIDAY ISLES, FL., INC.

Principal Place of Business	Mailing Address
PO BOX 8263 MADEIRA FL 33738 US	PO BOX 8263 MADEIRA BEACH FL 33738

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/02/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6153161 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	WHITE, DONNA A		1.2 NAME	MAUREEN E. BUSSE	
STREET ADDRESS	8401 W. GULF BLVD.		1.3 STREET ADDRESS	9135 40th St.,N.,	
CITY-ST-ZIP	TREASURE ISLAND FL		1.4 CITY-ST-ZIP	PINELLAS PARK, FO.,	
TITLE	RSD	☐ DELETE	2.1 TITLE	TREASURER [illegible]	☒ Change ☐ Addition
NAME	BROWNLEY, ROSALIE		2.2 NAME	DORIS W. THMPSON	
STREET ADDRESS	8541 GULF BLVD		2.3 STREET ADDRESS	220-126th Av.,	
CITY-ST-ZIP	TREASURE ISLAND FL		2.4 CITY-ST-ZIP	TREASURE ISLAND, FL.	
TITLE	T	☒ DELETE	3.1 TITLE	CORR. SECY C&D.	☒ Change ☐ Addition
NAME	WHITE, DONNA A		3.2 NAME	ERNESTINE E. TOLISANO	
STREET ADDRESS	8140 W GULF BLVD		3.3 STREET ADDRESS	6331 FOURTH PALM POINT	
CITY-ST-ZIP	TREASURE ISLAND FL		3.4 CITY-ST-ZIP	ST. PETE BEACH, FL.	
TITLE	P	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TOLISANO, ERNESTINE		4.2 NAME	D.	
STREET ADDRESS	6331 4TH PALM POINT		4.3 STREET ADDRESS	Stephanie Lavino	
CITY-ST-ZIP	ST PETERSBURG BCH FL		4.4 CITY-ST-ZIP	220 125th Ave.,	
TITLE	VP	☐ DELETE	5.1 TITLE	Treasure Island, Fl.,	☐ Change ☐ Addition
NAME	BUSSE, MAUREEN E		5.2 NAME		
STREET ADDRESS	9135 40TH ST, N		5.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		5.4 CITY-ST-ZIP		
TITLE	CSD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MALKIN, CAROL		6.2 NAME		
STREET ADDRESS	12546 CAPRIL CIRCLE, N.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/10/99 727-360-5148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DORIS W. THOMPSON