

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08502

FILED
Apr 11, 2006
Secretary of State

Entity Name: SOROPTIMIST INTERNATIONAL OF HOLIDAY ISLES, FL., INC.

Current Principal Place of Business:

3123 39TH ST. S
B
ST.PETERSBURG, FL 33711 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8263
MADEIRA BEACH, FL 33738

New Mailing Address:

PO BOX 66073
ST. PETE BEACH, FL 33708

FEI Number: 59-6153161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARILYN CISEK
3123 39TH ST. S
B
ST.PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PLETCHER, GALE C
Address: 6001 51ST ST S
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: VP () Delete
Name: PESCE, SHERRIE
Address: 100 1ST AVE B
City-St-Zip: TIERRA VERBE, FL 33715

Title: SECT () Delete
Name: KURANT, CATHY S
Address: 6981 1ST AVE N.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D () Delete
Name: THOMPSON, DORIS
Address: 17700-1ST ST
City-St-Zip: REDINGTON SHORES, FL 33708

Title: D () Delete
Name: TOLISANO, ERNESTINE E
Address: 6331 4TH PALM POINT
City-St-Zip: ST. PETE BEACH, FL 33706

Title: TREA () Delete
Name: CISEK, MARILYN J
Address: 3123 B 39TH ST. S
City-St-Zip: ST.PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PLETCHER, GALE C
Address: 6001 51ST ST S
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: D (X) Change () Addition
Name: PESCE, SHERRIE
Address: 100 1ST AVE B
City-St-Zip: TIERRA VERBE, FL 33715

Title: V (X) Change () Addition
Name: KURANT, CATHY S
Address: 6981 1ST AVE N.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: CISEK, MARILYN J
Address: 3123 B 39TH ST. S
City-St-Zip: ST.PETERSBURG, FL 33711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON MCCORMICK

T

04/11/2006

Electronic Signature of Signing Officer or Director

Date