

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08502

FILED
Apr 22, 2009
Secretary of State

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

Current Principal Place of Business:

6644 POINSETTIA AV S
ST. PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

PO BOX 66073
ST. PETE BEACH, FL 33736

New Mailing Address:

FEI Number: 59-6153161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATHERINE S. KURANT
6644 POINSETTIA AVENUE S.
ST.PETERSBURG, FL 33707 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: P () Delete
Name: HUBRIC, BEVERLY
Address: 8732 KENNWOOD ROAD
City-St-Zip: SEMINOLE, FL 33777

Title: VP () Delete
Name: TAYLOR, BARBARA
Address: 6772 COLONY DRIVE S
City-St-Zip: ST. PETERSBURG, FL 33705

Title: T () Delete
Name: KURANT, CATHERINE S
Address: 6644 POINSETTIA AVENUE S.
City-St-Zip: SAINT PETERSBURG, FL 33707

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

Title: S (X) Delete
Name: SANDERSON, MARLENE
Address: 135 FIRST STREET E #204
City-St-Zip: TIERRA VERDE, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KURANT, CATHERINE S PRESIDE
Address: 6644 POINSETTIA AVENUE S
City-St-Zip: ST. PETERSBURG, FL 33707

Title: VP (X) Change () Addition
Name: WRIGHT, SHIRLEY A VP
Address: 3982 37TH STREET S
City-St-Zip: ST. PETERSBURG, FL 33711

Title: T (X) Change () Addition
Name: TAYLOR, BARBARA A T
Address: 6772 COLONY DRIVE S
City-St-Zip: SAINT PETERSBURG, FL 337075

Title: S (X) Change () Addition
Name: MCCALL, BARBARA A S
Address: 650 PINELLAS POINT DROVE S #238
City-St-Zip: ST. PETERSBURG, FL 33705

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

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA A. TAYLOR

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04/22/2009

Electronic Signature of Signing Officer or Director

Date