

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State

04-24-2003 90228 049 ****61.25

DOCUMENT # N08502

1. Entity Name
**SOROPTIMIST INTERNATIONAL OF HOLIDAY ISLES, FL.,
INC.**



Principal Place of Business
**17700 1ST ST
SAINT PETERSBURG FL 33708
US Redington Shores**

Mailing Address
**PO BOX 8263
MADERIA BEACH FL 33738**

55042291



2. Principal Place of Business
as above
Suite, Apt. #, etc.

3. Mailing Address
as above
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-6153161**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, DORIS - W.
17700 W 1ST STREET
REDINGTON SHORES FL 33708**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Doris W. Thompson*
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

Jan 21/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **BM** ☐ Delete
NAME **GAREAU, ALEXANDRA**
STREET ADDRESS **5151 DUNME RD**
CITY-ST-ZIP **SAINT PETERSBURG FL 33708**

TITLE ☒ Change ☐ Addition
NAME **President Doris W. Thompson**
STREET ADDRESS **17700 1st St.,**
CITY-ST-ZIP **Redington Shores, FL., 33708**

TITLE **P** ☐ Delete
NAME **THOMPSON, DORIS**
STREET ADDRESS **220-126TH AVE**
CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE ☒ Change ☐ Addition
NAME **Treasurer Ernestine E. Tolisano**
STREET ADDRESS **6331 Fourth Palm Plaza Point**
CITY-ST-ZIP **St. Pete Beach, FL., 33706**

TITLE **PT** ☒ Delete
NAME **TOLISANO, ERNESTINE E**
STREET ADDRESS **6331 FOURTH PALM POINT**
CITY-ST-ZIP **SAINT PETERSBURG FL 33708**

TITLE ☐ Change ☒ Addition
NAME **Cathy Sue Kurant**
STREET ADDRESS **6981 1st Av., N.**
CITY-ST-ZIP **St. Petersburg, FL., 33710**

TITLE **D** ☒ Delete
NAME **BLAZIER, DEE**
STREET ADDRESS **10236 112TH ST N**
CITY-ST-ZIP **LARGO FL 33778**

TITLE ☐ Change ☒ Addition
NAME **Rosalië P. Brownley**
STREET ADDRESS **125 85th Av.,**
CITY-ST-ZIP **Treasure Island, FL., 33708**

TITLE **RSD** ☐ Delete
NAME **TERRY, MARILYN**
STREET ADDRESS **6330-4TH PALM POINT**
CITY-ST-ZIP **ST PETE BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Doris W. Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03 *727-319-8383*
Date Daytime Phone #

CR2037 (10/02)