

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706457

**FILED**  
**Apr 25, 2019**  
**Secretary of State**  
**9232239618CC**

**Entity Name:** SOROSIS CLUB OF ORANGE CITY FLORIDA, INC.

**Current Principal Place of Business:**

222 EAST UNIVERSITY AVENUE  
ORANGE CITY, FL 32763

**Current Mailing Address:**

222 EAST UNIVERSITY AVENUE  
ORANGE CITY, FL 32763 US

**FEI Number:** 59-6165113

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MASSEY, ELLEE M  
616 W PATLIN AVE  
ORANGE CITY, FL 32763 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WOOD, MARSHA P  
Address        1355 10TH STREET  
City-State-Zip: ORANGE CITY FL 32763

Title            T  
Name            MASSEY, ELLEE  
Address        616 W PATLIN AVE  
City-State-Zip: ORANGE CITY FL 32763

Title            3 RD VP  
Name            SEYMOUR, SHELIA 3 RD VP  
Address        2855 BELKTON COURT  
City-State-Zip: DELTONA FL 32738

Title            1 ST VP  
Name            TREMBLAY, MARIKA 1 ST VP  
Address        1270 5TH STREET  
City-State-Zip: ORANGE CITY FL 32763

Title            2 ND VP  
Name            SCOTTON, LAURIE 2 ND VP  
Address        836 ARAWANA DRIVE  
City-State-Zip: ORANGE CITY FL 32763

Title            RS  
Name            HOOVER, ANGIE RS  
Address        110 COLOMBO ROAD  
City-State-Zip: DEBARY FL 32713

Title            HH CHAIRMAN  
Name            OSBORNE, ELIZABETH HH  
                         CHAIRMAN  
Address        1861 NORTH SPARKMAN AVEMAN  
City-State-Zip: ORANGE CITY FL 32763

Title            CS  
Name            WALL, EVEYN CS  
Address        629 PATLUN AVENUE  
City-State-Zip: ORANGE CITY FL 32763

*I hereby 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 all other like empowered.*

**SIGNATURE:** ELLEE M. MASSEY

**TREASURER**

**04/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date