

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706457

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:

P.O. BOX 740885
ORANGE CITY, FL 32774 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 DIRECTOR
Name BERTRAND, JULIE
Address 569 PEARL STREET
City-State-Zip: ORANGE CITY FL 32763

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

Title P
Name FOWLER, MICHELLE P
Address 1595 BROWN AVE.
City-State-Zip: ORANGE CITY FL 32763

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

Title SECRETARY
Name SOYAK, MARY
Address 924 WEST FRENCH AVENUE
City-State-Zip: ORANGE CITY FL 32763

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

Title CORRESPONDING SECRETARY
Name TREMBLAY, MARIKA
Address 1270 5TH STREET
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 MASSEY

TD

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date