

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandrab Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 16 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701301 (4)

1. Corporation Name
MAGIC OF MANATEE, CHAPTER OF SWEET ADELINES, INTERNATIONAL CORP.

Principal Place of Business Mailing Address
DIANE SCHIPPER, PRES
4310 PARK LANE TERR S
BRADENTON FL 34209
US
DIANE SCHIPPER, PRESIDENT
4310 PARK LANE TERR S
BRADENTON FL 34209
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/11/1960 3a. Date of Last Report 04/20/1994
4. FEI Number 59-6153340 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Rose Gratta 26 Rose Gratta
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 3806 60th St. W. 27 3806 60th. St. W.
City & State City & State
23 Bradenton, Fl. 28 Bradenton, Fl.
Zip Country Zip Country
24 34209 25 Manatee 29 34209 30 Manatee

9. Name and Address of Current Registered Agent
VILLAS, GRACE
8304 43RD AVE DR W
BRADENTON FL 34209

10. Name and Address of New Registered Agent
81 Name Elaine Lampman
82 Street Address (P.O. Box Number is Not Acceptable) 3002 Vivienda Dr.
83
84 City Bradenton, FL 85 Zip Code 34207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Elaine Lampman, TD Elaine Lampman, TD 3/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	VILLAS, GRACE
STREET ADDRESS	8304 43RD AVE DR W
CITY-ST-ZIP	BRADENTON FL
TITLE	PD
NAME	SCHIPPER, DIANE
STREET ADDRESS	4310 PARK LAKE TERR S
CITY-ST-ZIP	BRADENTON FL
TITLE	SD
NAME	GRAVITT, UNA
STREET ADDRESS	1017 64TH ST W
CITY-ST-ZIP	BRADENTON FL
TITLE	VD
NAME	LAMPMAN, ELAINE
STREET ADDRESS	3002 VIVIENDA DR
CITY-ST-ZIP	BRADENTON FL
TITLE	D
NAME	DEJONG, MARY
STREET ADDRESS	207-47TH AVE. DR. W - APT. 362
CITY-ST-ZIP	BRADENTON FL
TITLE	D
NAME	GRATTA, ROSE
STREET ADDRESS	3808 80TH STREET WEST
CITY-ST-ZIP	BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lampman, Elaine	
1.3 STREET ADDRESS	3002 Vivienda Dr.	
1.4 CITY-ST-ZIP	Bradenton, Fl. 34207	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gratta, Rose	
2.3 STREET ADDRESS	3806 60th. St. W.	
2.4 CITY-ST-ZIP	Bradenton, Fl. 34209	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	3901 71st. St. W.	
3.4 CITY-ST-ZIP	Bradenton, Fl. 34209	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rosemeyer, Arlene	
4.3 STREET ADDRESS	10650 Brendle Rd.	
4.4 CITY-ST-ZIP	Myakka City, Fl. 34251	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Powers, Alice	
6.3 STREET ADDRESS	7616 3rd. Ave. W.	
6.4 CITY-ST-ZIP	Bradenton, Fl. 34209	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Una Gravitt, S.D. Una Gravitt, S.D. 3/6/95 [813-792-6427]
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR Date Daytime Phone #