

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **701301** (4)
1. Corporation Name
MAGIC OF MANATEE, CHAPTER OF SWEET ADELINES, INTERNATIONAL CORP.



Principal Place of Business Mailing Address
~~%GRATTA ROSE~~ % GRATTA ROSE *MARY DeJong*
3806 60TH ST. W. 3806 60TH ST. W.
BRADENTON FL 34209 BRADENTON FL 34209
US US

3. Date Incorporated or Qualified **08/11/1960** 3a. Date of Last Report **03/16/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **207 47th Ave Dr W**
22 City & State 27 Suite, Apt. #, etc.
23 **Bradenton FL** 27 **Apt 362**
24 Zip 25 Country 29 **34207** 30 **Manatee**

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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
LAMPMAN, ELAINE 81 Name
3002 VIVENDA DR 82 Street Address (P.O. Box Number is Not Acceptable)
BRADENTON FL 34207 83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent, and title if applicable: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPMAN, ELAINE	1.2 NAME	MARY DeJong
STREET ADDRESS	3002 VIVENDA DR	1.3 STREET ADDRESS	207 47th Ave Dr W - Apt 362
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	BRADENTON FL 34207
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V. Pres/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRATTA, ROSE	2.2 NAME	UNA GRAVITT
STREET ADDRESS	3806 60TH ST. W.	2.3 STREET ADDRESS	1017 64th St W
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	BRADENTON FL 34209
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Sec/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVITT, UNA	3.2 NAME	JEANETTE HONNAN
STREET ADDRESS	3901 71ST ST. W.	3.3 STREET ADDRESS	4481 61th Crk W
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	BRADENTON FL 34209
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEMEYER, ARLENE	4.2 NAME	GRACE VILLAS
STREET ADDRESS	10650 BRENDEL RD	4.3 STREET ADDRESS	Rt 43 Rd W Dr W
CITY-ST-ZIP	MYAKKA CITY FL	4.4 CITY-ST-ZIP	BRADENTON FL 34209
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEJONG, MARY	5.2 NAME	
STREET ADDRESS	207-47TH AVE. DR. W - APT. 362	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, ALICE	6.2 NAME	500001872875
STREET ADDRESS	7616 3RD AVE. N.	6.3 STREET ADDRESS	-06/24/96--01027--042
CITY-ST-ZIP	BRADENTON FL	6.4 CITY-ST-ZIP	***61.25

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 119.07(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: *Grace Villas* *Treas.* 5/11/96 941-794-6807
Date Daytime Phone #

CR2E037 (12/95)