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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701301 (4)

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



Principal Place of Business C/O MARY DE JONG 207 47TH AVE. DR. WEST BRADENTON FL 34207 US	Mailing Address C/O MARY DE JONG 207 47TH AVE. DR. WEST BRADENTON FL 34207-2190 US
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3. Date Incorporated or Qualified 08/11/1960	3a. Date of Last Report 06/22/1996
4. FEI Number 59-6153340	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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9. Name and Address of Current Registered Agent

**LAMPMAN, ELAINE
3002 VIVENDA DR
BRADENTON FL 34207**

10. Name and Address of New Registered Agent

81 Name DE JONG, MARY
82 Street Address (P.O. Box Number is Not Acceptable) 207 47th Ave. Dr. West
83
84 City BRADENTON
85 Zip Code FL 34207

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 *Mary De Jong* DATE **1/21/97**

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

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P/D	<input checked="" type="checkbox"/>
NAME	LAMPMAN, DE JONG, MARY	
STREET ADDRESS	207 47TH AVE. DR. WEST	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	V/D	<input type="checkbox"/>
NAME	GRAVITT, UNA	
STREET ADDRESS	1017 84TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	S/D	<input type="checkbox"/>
NAME	MONAHAN, JEANETTE	
STREET ADDRESS	4281 86TH CIR. WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	T	<input type="checkbox"/>
NAME	VILLAS, GRACE	
STREET ADDRESS	8304 43RD AVE. DR. WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/>
NAME	DEJONG, MARY	
STREET ADDRESS	C/O MARY DE JONG	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	D	<input type="checkbox"/>
NAME	POWERS, ALICE	
STREET ADDRESS	C/O MARY DE JONG	
CITY-ST-ZIP	BRADENTON FL 34207	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	DE JONG, MARY		
1.3 STREET ADDRESS	207 47th Ave Dr. West		
1.4 CITY-ST-ZIP	BRADENTON, FLA. 34207		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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.

CR2E037 (9/96)