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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 701301

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  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

08/11/1960

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

9. Name and Address of Current Registered Agent

CELENTANO, NORMA  
14085 BRISTOL BAY, #1122  
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

5540 Fishermans Dr.

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 *Norma Celentano*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/21/99

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input checked="" type="checkbox"/> DELETE
NAME	DEJONG MARY	
STREET ADDRESS	207 47TH AVE. DR. WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	V/D	<input checked="" type="checkbox"/> DELETE
NAME	GRAVITT, UNA	
STREET ADDRESS	1017 64TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARD, LEO	
STREET ADDRESS	4211-37 ST W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CELENTANO, NORMA	
STREET ADDRESS	14085 BRISTOL BAY, #122	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, ANITA	
STREET ADDRESS	7700 GENEVA LANE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	SD	<input type="checkbox"/> DELETE
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

1.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jeanette Monahan	
1.3 STREET ADDRESS	4281-66 St. Cir. W	
1.4 CITY-ST-ZIP	Bradenton, FL 34209	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sally Eaton	
2.3 STREET ADDRESS	612 Estuary Dr.	
2.4 CITY-ST-ZIP	Bradenton, FL 34209	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lea Ward	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	5540 Fishermans Dr.	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Judy Wood	
5.3 STREET ADDRESS	4321 Spring Lakes Blvd.	
5.4 CITY-ST-ZIP	Bradenton, FL 34210	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *Norma Celentano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/21/99  
Daytime Phone # 941/ 792-9654

CR2E037 (11/98)