


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**

09-17-2004 90003 022 \*\*\*\*70.00

**24085479**



<b>DOCUMENT # 701301</b>			
1. Entity Name <b>MAGIC OF MANATEE, CHAPTER OF SWEET ADELINES, INTERNATIONAL CORP.</b>			
Principal Place of Business <b>C/O MARY DE JONG 207 47TH AVE. DR. WEST BRADENTON, FL 34207 US</b>		Mailing Address <b>C/O MARY DE JONG 207 47TH AVE. DR. WEST BRADENTON, FL 34207 US</b>	
2. Principal Place of Business <b>C/O LEA WARD</b>		3. Mailing Address <b>4211 37th ST W</b>	
Suite, Apt. #, etc. <b>4211 37TH ST W</b>		Suite, Apt. #, etc. ---	
City & State <b>BRADENTON FL</b>		City & State <b>BRADENTON FL</b>	
Zip <b>34205-1863</b>		Country <b>USA</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-6153340</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WARD, LEA R 4211 37TH STREET W. BRADENTON, FL 34205</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Lea R Ward</u> DATE: <u>9/13/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOOD, JUDY 737 SPRING LAKES BLVD BRADENTON, FL 34210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wood, JUDY 737 SPRING LAKES BLVD BRADENTON FL 34210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOEMAKER, CAROL 5631 5TH ST CT W BRADENTON, FL 34207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELLEN LINSLEY 628 FOXWORTH LN HOLMES BEACH FL 34217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEJONG, MARY 207 47TH AVE DR W #362 BRADENTON, FL 34205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEJONG, MARY 207 47th AVE DR W # 362 BRADENTON FL 34205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARD, LEA R 4211 37TH STREET W. BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE GRATTA 3806 60 ST W BRADENTON FL 34209 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAVITT, UNA 3901 71ST STREET W. BRADENTON, FL 34209 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELAINE LAMPMAN 3002 VIVIENDA DR BRADENTON FL 34207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINDER, DORIS 4519 103RD CT W BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Lea R Ward, Treas</u>		Date: <u>9/13/04</u> Daytime Phone #: <u>941-739-2611</u>	

Attachment

24085479

# 701301 I.M.P.A.C.T. Publishing Inc.  
2109 60<sup>th</sup> Dr E  
Bradenton, FL 34203

From the Desk of ..... Lea Ward

9/13/04

Due to cleaning up after  
Hurricane Frances & preparing  
for Hurricane Ivan (which now  
looks to miss us) I forgot to  
get this out in time.  
Any problems please call me  
@ 1-800-221-6121 or 941-739-2611.

Thanks,  
Lea Ward

1-800-221-6121 941-739-2611  
Fax 941-756-0315