


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 02, 2005 8:00 am**  
**Secretary of State**

09-02-2005 90015 044 \*\*\*\*61.25

**DOCUMENT # 701301**

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



Principal Place of Business  
 C/O LEA WARD  
 4211 37TH ST W  
 BRADENTON, FL 34205-1863 US

Mailing Address  
 4211 37TH ST W  
 BRADENTON, FL 34205-1863 US

**50064707**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

06292005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-6153340 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WARD, LEA R  
 4211 37TH STREET W.  
 BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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 Lea R Ward Treasurer 8/31/05  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing  
 Trust Fund Contribution.  \$5.00 May Be  
 Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	Delete
NAME	WOOD, JUDY	
STREET ADDRESS	737 SPRING LAKES BLVD	
CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LINSLEY, ELLEN	
STREET ADDRESS	628 FOXWORTH LN	
CITY-ST-ZIP	HOLMES BEACH, FL 34217	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEJONG, MARY	
STREET ADDRESS	207 -47TH AVE DR W #362	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WARD, LEA R	
STREET ADDRESS	4211 37TH STREET W.	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANA, ROSE	
STREET ADDRESS	3806 60TH ST W	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TINDER, DORIS	
STREET ADDRESS	4519 103RD CT W	
CITY-ST-ZIP	BRADENTON, FL 34210	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAQUITA PARENT	
STREET ADDRESS	3503 20th AV DR W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRATTA, ROSE	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANITA WINTERS	
STREET ADDRESS	516 24th AV W	
CITY-ST-ZIP	BRADENTON FL 34205	

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: Lea R Ward LEA R WARD 8/31/05 941-756-6646  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #