

**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 # **754590** (8)  
1. Corporation Name  
**SARASOTA GIRLS' CHOIR, INC.**



Principal Place of Business: **4150 SO SHADE AVE SARASOTA FL 34276 US**  
Mailing Address: **PO BOX 21181 SARASOTA FL 34276 US**

3. Date Incorporated or Qualified: **10/13/1980**  
3a. Date of Last Report: **11/30/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number <b>59-2054956</b>	Applied For	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
22	22	27	27	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees
24	24	29	29	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KEANE, GERALD B.</b> <b>46 WASHINGTON BLVD, N.</b> <b>SARASOTA FL 34237</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CREIGHTON, BECKI</b>			1.2 NAME			
STREET ADDRESS	<b>3629 BERLIN DR.</b>			1.3 STREET ADDRESS			
CITY - ST - ZIP	<b>SARASOTA FL 34233</b>			1.4 CITY - ST - ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FOX, SANDY</b>			2.2 NAME			
STREET ADDRESS	<b>2618 STRATFORD DR.</b>			2.3 STREET ADDRESS			
CITY - ST - ZIP	<b>SARASOTA FL 34232</b>			2.4 CITY - ST - ZIP			
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>Treasurer / DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FOX, DAVID</b>			3.2 NAME	<b>Vern Lautner</b>		
STREET ADDRESS	<b>2618 STRATFORD DR.</b>			3.3 STREET ADDRESS	<b>2517 Glebe Farm Close</b>		
CITY - ST - ZIP	<b>SARASOTA FL 34232</b>			3.4 CITY - ST - ZIP	<b>Sarasota, FL 34235</b>		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOCASIO, KAREN</b>			4.2 NAME			
STREET ADDRESS	<b>4708 MEADOWVIEW CIRCLE</b>			4.3 STREET ADDRESS			
CITY - ST - ZIP	<b>SARASOTA FL 34233</b>			4.4 CITY - ST - ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SOSZKA, JANE</b>			5.2 NAME			
STREET ADDRESS	<b>2517 GLEBE FARM CLOSE</b>			5.3 STREET ADDRESS			
CITY - ST - ZIP	<b>SARASOTA FL 34233</b>			5.4 CITY - ST - ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MYERS, LURRAY</b>			6.2 NAME			
STREET ADDRESS	<b>2955 LOUSIE</b>			6.3 STREET ADDRESS			
CITY - ST - ZIP	<b>SARASOTA FL 34237</b>			6.4 CITY - ST - ZIP			

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: Vern Lautner 2/20/96 941/379-8251  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**VERN LAUTNER**

CR2E037 (12/95)