

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 30 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 21461 SARASOTA FL 34237 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/13/1980</b>	3a. Date of Last Report <b>05/01/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address <b>2955 LOUISE ST</b> Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country <b>34237 US</b>

4. FEI Number <b>59-2054956</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>NA</b>	

9. Name and Address of Current Registered Agent

**KEANE, GERALD B.**  
**46 WASHINGTON BLVD, N.**  
**SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CREIGHTON, BECKI</b>	
STREET ADDRESS <b>3629 BERLIN DR.</b>	
CITY-ST-ZIP <b>SARASOTA FL 34233</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>FOX, SANDY</b>	
STREET ADDRESS <b>2618 STRATFORD DR.</b>	
CITY-ST-ZIP <b>SARASOTA FL 34232</b>	
TITLE <b>T/D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>LAUTNER, VERN</b>	
STREET ADDRESS <b>2517 GLEBE FARM CLOSE</b>	
CITY-ST-ZIP <b>SARASOTA FL 34235</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>LOCASIO, KAREN</b>	
STREET ADDRESS <b>4708 MEADOWVIEW CIRCLE</b>	
CITY-ST-ZIP <b>SARASOTA FL 34233</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>SOSZKA, JANE</b>	
STREET ADDRESS <b>2517 GLEBE FARM CLOSE</b>	
CITY-ST-ZIP <b>SARASOTA FL 34233</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MYERS, LURRAY</b>	
STREET ADDRESS <b>2955 LOUISE</b>	
CITY-ST-ZIP <b>SARASOTA FL 34237</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>HUBER, MARK</b>	
1.3 STREET ADDRESS <b>3421 BAYOU CT.</b>	
1.4 CITY-ST-ZIP <b>LONGBOAT KEY, FL 34288</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>JEWELL, CATHY</b>	
2.3 STREET ADDRESS <b>503 S. VENICE BLVD.</b>	
2.4 CITY-ST-ZIP <b>VENICE, FL</b>	
3.1 TITLE <b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>DORSEY, LAURA</b>	
3.3 STREET ADDRESS <b>4323 MANFIELD DR.</b>	
3.4 CITY-ST-ZIP <b>VENICE, FL 34293</b>	
4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>BRUNO, CHRISTINE ALLEN-</b>	
4.3 STREET ADDRESS <b>320 BARLOW AVE.</b>	
4.4 CITY-ST-ZIP <b>FAIRWAY OAKS, SARASOTA</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_

CR2E037 (4/97)