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Jun 21, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 754590

1. Corporation Name
SARASOTA GIRLS' CHOIR, INC.

Principal Place of Business
 4150 SO SHADE AVE
 SARASOTA FL 34276
 US

Mailing Address
 2955 LOUISE ST
 SARASOTA FL 34237
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/13/1980	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-2054956	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing	\$5.00 May Be Added to Fees
26		31		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KEANE, GERALD B. 46 WASHINGTON BLVD, N. SARASOTA FL 34237				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBER, MARK	1.2 NAME	PRITCHETT, PHYLLIS
STREET ADDRESS	3421 BAYOU CT	1.3 STREET ADDRESS	2621 DUEBY
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34276
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEWELL, CATHY	2.2 NAME	BOSSOV, NANCY
STREET ADDRESS	503 S VENICE BLVD	2.3 STREET ADDRESS	4205 BENT TREE BLVD.
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORSEY, LAURA	3.2 NAME	DOUGLAS, SUSAN
STREET ADDRESS	4323 MANFIELD DR	3.3 STREET ADDRESS	6529 WATERFORD CIRCLE
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, LINDA	4.2 NAME	
STREET ADDRESS	4967 TAYWATER DELL	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHETT, WENDALL	5.2 NAME	
STREET ADDRESS	2621 DUEBY	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34276	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, LURRAY	6.2 NAME	
STREET ADDRESS	2955 LOUSIE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	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: Lurray Myers **SIGNATURE REQUIRED** Lurray Myers 6/7/99 941 351-0004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)