FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:16

DOCUMENT # N11987 (7)

1. Corporation Name

SARASOTA CHORUS, INC., SWEET ADELINES INTERNATIONAL

Principal Place of Business	Mailing Address
1937 GOLD AVE SARASOTA FL 34235 US	1937 GOLD AVE SARASOTA FL 34235 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1985
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-6166249 (Applied For / Not Applicable)

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LYONS, DELORES
3936 BREEZEMONT DR.
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name: JOAN M. WILLIAMS
82 Street Address (P.O. Box Number is Not Acceptable): 1937 GOLD AVE
83
84 City: SARASOTA FL 85 Zip Code: 34235

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Joan M. Williams, PRESIDENT — DATE: 3/11/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JOAN	1.2 NAME	
STREET ADDRESS	1937 GOLD AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, SARA	2.2 NAME	
STREET ADDRESS	5123 SUMMERWOOD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	LANGFORD, SUZIE	3.2 NAME	
STREET ADDRESS	2205 15TH AVE., WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, ROBERTA	4.2 NAME	
STREET ADDRESS	1750 DAWN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☒ Change ☐ Addition
NAME	LYONS, DELORES	5.2 NAME	T JOAN M. WILLIAMS
STREET ADDRESS	3936 BREEZEMONT DR.	5.3 STREET ADDRESS	1937 GOLD AVE.
CITY-ST-ZIP	SARASOTA FL 34232	5.4 CITY-ST-ZIP	SARASOTA, FL 34235
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Joan M. Williams, JOAN M. WILLIAMS, PRES./TREAS 3/11/95 (813)955-8106
SIGNATURE AND TYPED OR PRINTED NAME OF MANNG OFFICER OR DIRECTOR — Date — Daytime Phone #

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