

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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2054956

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **CREIGHTON, BECKI**
STREET ADDRESS **3629 BERLIN DR.**
CITY - ST - ZIP **SARASOTA FL 34233**

TITLE **V** ☐ DELETE
NAME **FOX, SANDY**
STREET ADDRESS **2618 STRATFORD DR.**
CITY - ST - ZIP **SARASOTA FL 34232**

TITLE **T** ☒ DELETE
NAME **FOX, DAVID**
STREET ADDRESS **2618 STRATFORD DR.**
CITY - ST - ZIP **SARASOTA FL 34232**

TITLE **S** ☐ DELETE
NAME **LOCASIO, KAREN**
STREET ADDRESS **4708 MEADOWVIEW CIRCLE**
CITY - ST - ZIP **SARASOTA FL 34233**

TITLE **D** ☐ DELETE
NAME **SOSZKA, JANE**
STREET ADDRESS **2517 GLEBE FARM CLOSE**
CITY - ST - ZIP **SARASOTA FL 34233**

TITLE **D** ☐ DELETE
NAME **MYERS, LURRAY**
STREET ADDRESS **2955 LOUSIE**
CITY - ST - ZIP **SARASOTA FL 34237**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**Treasurer / DIRECTOR
Vern Lautner
2517 Glebe Farm Close
Sarasota, FL 34235**

**300001896983
-07/17/96--01072--023
***61.25**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VERN LAUTNER

2/20/96

Date

941/379-8251

Daytime Phone #

CR2E037 (12/95)