

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 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 24161 2955 LOUISE ST. SARASOTA FL 34237 US
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2. Principal Place of Business 21		2a. Mailing Address 26 2955 LOUISE ST		3. Date Incorporated or Qualified 10/13/1980		3a. Date of Last Report 05/01/1996	
Sulte, Apt. #, etc. 22		Sulte, Apt. #, etc. 27		4. FEI Number 59-2054956		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29 34237	Country 30	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 NA			

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			
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CREIGHTON, BECKI			1.2 NAME	HUBER, MARK		
STREET ADDRESS	3629 BERLIN DR.			1.3 STREET ADDRESS	3421 BAYOU CT.		
CITY-ST-ZIP	SARASOTA FL 34233			1.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34288	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOX, SANDY			2.2 NAME	JEWELL, CATHY		
STREET ADDRESS	2618 STRATFORD DR.			2.3 STREET ADDRESS	503 S. VENICE BLVD.		
CITY-ST-ZIP	SARASOTA FL 34232			2.4 CITY-ST-ZIP	VENICE, FL		
TITLE	T/D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAUTNER, VERN			3.2 NAME	DORSEY, LAURA		
STREET ADDRESS	2517 GLEBE FARM CLOSE			3.3 STREET ADDRESS	4323 MANFIELD DR.		
CITY-ST-ZIP	SARASOTA FL 34235			3.4 CITY-ST-ZIP	VENICE, FL 34293		
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOCASIO, KAREN			4.2 NAME	BRUNO, CHRISTINE ALLEN-		
STREET ADDRESS	4708 MEADOWVIEW CIRCLE			4.3 STREET ADDRESS	320 BARLOW AVE.		
CITY-ST-ZIP	SARASOTA FL 34233			4.4 CITY-ST-ZIP	FAIRWAY OAKS, SARASOTA		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOSZKA, JANE			5.2 NAME			
STREET ADDRESS	2517 GLEBE FARM CLOSE			5.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34233			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 LOUISE			6.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34237			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)