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

APPROVED AND FILED

95 MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711638 (7)

1. Corporation Name

CITY OF PALM CHARTER OF SWEET ADELINES, INC.

Principal Place of Business	Mailing Address
7401 WINKLER ROAD FT. MYERS FL 33919 US	17189-7 TERRA VERDE CIRCLE FORT MYERS FL 33908 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1966
3a. Date of Last Report: 07/05/1994
4. FEI Number: 59-6198617 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26): 127 Conestoga Trail
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28): NO. FT. Myers FL
Zip (24) / Country (25)	Zip (29): 33917 / Country (30): USA

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 § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NIEMCZYK, CATHERINE 18420 MATT ROAD NORTH FT. MYERS FL 33917	81 Name: JOANNE GREAVES 82 Street Address (P.O. Box Number is Not Acceptable): 127 CONESTOGA TRAIL 83 84 City: NO. FT. MYERS FL 85 Zip Code: 33917

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: Joanne Greaves — DATE: 4/30/95
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	P	11 TITLE	P ☐ Change ☐ Addition
NAME	COLEMAN, PATRICIA N.	12 NAME	DELORES BARE
STREET ADDRESS	17189-7 TERRA VERDE CIRCLE	13 STREET ADDRESS	591 SEAVIEW CT # 109
CITY ST ZIP	FORT MYERS FL	14 CITY ST ZIP	MARCO ISLAND, FL 33937
TITLE	VP	21 TITLE	VP ☐ Change ☐ Addition
NAME	TOMSON, JANICE	22 NAME	JANICE THOMSON
STREET ADDRESS	343 MEL-JAN DRIVE	23 STREET ADDRESS	343 MEL-JAN DRIVE
CITY ST ZIP	NAPLES FL	24 CITY ST ZIP	NAPLES, FL 33942
TITLE	T	31 TITLE	T ☐ Change ☐ Addition
NAME	KALL, DOREEN	32 NAME	DOREEN KALL
STREET ADDRESS	4009 SE 11TH AVENUE, #208	33 STREET ADDRESS	4009 SE 11TH AVE #208
CITY ST ZIP	CAPE CORAL FL	34 CITY ST ZIP	CAPE CORAL, FL 33904
TITLE	SD	41 TITLE	SD ☐ Change ☐ Addition
NAME	GREAVES, JOANNE	42 NAME	BETTY SCHWITTEK
STREET ADDRESS	127 CONESTOGA TRAIL	43 STREET ADDRESS	2347 COACH HOUSE LANE
CITY ST ZIP	NORTH FORT MYERS FL	44 CITY ST ZIP	NAPLES, FL 33942
TITLE	RSD	51 TITLE	RSD ☐ Change ☐ Addition
NAME	BEERS, ANN	52 NAME	ANN BEERS
STREET ADDRESS	18605 MCCOY AVENUE	53 STREET ADDRESS	18605 MCCOY AVENUE
CITY ST ZIP	PORT CHARLOTTE FL	54 CITY ST ZIP	PT CHARLOTTE, FL 33948
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	PRIEST, RITA	62 NAME	RITA PRIEST
STREET ADDRESS	2133 SW 10TH AVENUE	63 STREET ADDRESS	2133 SW 10TH AVE
CITY ST ZIP	CAPE CORAL FL	64 CITY ST ZIP	CAPE CORAL, FL 33990

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: Doreen L Kall — 4 30 95 — 813 945 3632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0069471