

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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 711638 (7)  
1. Corporation Name  
CITY OF PALM CHAPTER OF SWEET ADELINES, INC.



Principal Place of Business  
7401 WINKLER ROAD  
FT. MYERS FL 33919  
US

Mailing Address  
127 CONESTOGA TRAIL  
FORT MYERS FL 33917  
US

3. Date Incorporated or Qualified 10/18/1966  
3a. Date of Last Report 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-6198617	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.		Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Country	30. Country		

9. Name and Address of Current Registered Agent

GREAVES, JOANNE  
127 CONESTOGA TRAIL  
NORTH FT. MYERS FL 33917

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 date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BARE, DELORES	12 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	591 SEAVIEW CT #109	13 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	MARCO ISLAND FL	14 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	VP	21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	THOMSON, JANICE	22 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	343 MEL-JAN DRIVE	23 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	T	31 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	KALL, DOREEN	32 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	4009 SE 11TH AVENUE, #208	33 STREET ADDRESS	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
CITY-ST-ZIP	CAPE CORAL FL	34 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE	SD	41 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	SCHWITTER, BETTY	42 NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	2347 COACH HOUSE LANE	43 STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE	RSD	51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BEERS, ANN	52 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	18605 MCCOY AVENUE	53 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	PORT CHARLOTTE FL	54 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	D	61 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	PRIEST, RITA	62 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	2133 SW 10TH AVENUE	63 STREET ADDRESS	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
CITY-ST-ZIP	CAPE CORAL FL	64 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>

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 199.07(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:

*Joanne Greaves*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

941-543-7595  
Daytime Phone #

CR2E037 (12/95)