

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # 711638 (7)

1. Corporation Name

CITY OF PALMS CHORUS, INC. OF SWEET ADELINES INTERNATIONAL

Principal Place of Business

Mailing Address

7401 WINKLER ROAD
FT. MYERS FL 33919
US

127 CONESTOGA TRAIL
FORT MYERS FL 33917-3051
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 13080 CROSS CREEK COURT

22 City & State

27 #304
28 FORT MYERS, FLORIDA

23 Zip

Country

29 Zip

Country

24

25

29 33912-4640

30 USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
10/18/1966

3a. Date of Last Report
03/26/1996

4. FEI Number
59-6198617

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

10. Name and Address of New Registered Agent

81 Name
CORRIE, DIANE

82 Street Address (P.O. Box Number is Not Acceptable)
13080 CROSS CREEK CT. #304

83

84 City
FORT MYERS

FL

85 Zip Code
33912

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

Diane M. Corrie

DIANE M. CORRIE

April 25, 1997

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	<input checked="" type="checkbox"/> DELETE
NAME	BARE, DELORES	
STREET ADDRESS	591 SEAVIEW CT #109	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	THOMSON, JANICE	
STREET ADDRESS	343 MEL-JAN DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GREAVES, JOANNE	
STREET ADDRESS	127 CONESTOGA TRAIL	
CITY-ST-ZIP	NORTH FT. MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCHWITTEK, BETTY	
STREET ADDRESS	2347 COACH HOUSE LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	RSD	<input checked="" type="checkbox"/> DELETE
NAME	BEERS, ANN	
STREET ADDRESS	18605 MCCOY AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEISER, PATSY	
STREET ADDRESS	10493 WOOD IBIS AVENUE	
CITY-ST-ZIP	BONITA SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Soyah, Gail	
1.3 STREET ADDRESS	17452 Laurel Valley Road S.E.	
1.4 CITY-ST-ZIP	FORT MYERS, FLORIDA 33912	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Fleming, Dr. Jennifer	
2.3 STREET ADDRESS	7605 Woodland Point Court	
2.4 CITY-ST-ZIP	FORT MYERS, FLORIDA 33912	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CORRIE, DIANE	
3.3 STREET ADDRESS	13080 CROSS CREEK COURT #304	
3.4 CITY-ST-ZIP	FORT MYERS, FLORIDA 33912-4640	
4.1 TITLE	RSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GNAT, SHEILA	
4.3 STREET ADDRESS	20722 Country Barn Drive	
4.4 CITY-ST-ZIP	Estero, Florida 33928	
5.1 TITLE	CSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GREGG, ELAINE	
5.3 STREET ADDRESS	209 RAINBOW DRIVE	
5.4 CITY-ST-ZIP	NORTH FORT MYERS, FLORIDA 33903	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Diane M. Corrie

April 25, 1997

941-768-3864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0056881

CR2E037 (9/96)