

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90113 002 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 711638**

1. Corporation Name

**CITY OF PALMS CHORUS, INC. OF SWEET ADELINES INTERNATIONAL**

Principal Place of Business

7401 WINDLER ROAD  
 FT. MYERS FL 33919  
 US

Mailing Address

13080 CROSS-CREEK COURT  
 304  
 FT MYERS FL 33912-4640-  
 US

2354 HARVARD

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

2354 HARVARD Ave.

Suite, Apt. #, etc.

27

City &amp; State

28

FORT MYERS, FL

29

33907-4650

30

USA

3. Date Incorporated or Qualified

10/18/1966

4. FEI Number

59-6198617

Applied For

No: 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**

9. Name and Address of Current Registered Agent

CORRIE, DIANE  
 13080 CROSS CREEK COURT  
 SUITE 304  
 FT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

CORRIE, DIANE

82 Street Address (P.O. Box Number is Not Acceptable)

2354 HARVARD AVENUE

83

84 City

FORT MYERS

FL

85 Zip Code

33907-4650

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 ☐ DELETE

NAME

P  
 DURLACHER, JULIE  
 4013 SE 2ND AVE  
 CAPE CORAL FL 33910

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

VP  
 GRAHAM, PAT  
 2812 SE 18TH COURT  
 CAPE CORAL FL 33904

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ DELETE

NAME

T  
 CORRIE, DIANE  
 13080 CROSS CREEK COURT 304  
 FT MYERS FL

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ DELETE

NAME

RSD  
 GNAT, SHEILA  
 20722 COUNTRY EORN DR  
 ESTERO FL

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ DELETE

NAME

CSD  
 GREGG, ELAINE  
 209 RAINBOW DRIVE  
 NORTH FT MYERS FL

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

D  
 MEISER, PATSY  
 17752 GRANDE BAYOO COURT  
 FT MYERS FL 33908

STREET ADDRESS

CITY-ST-ZIP

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

Carol Ann Birtwistle

3.3 STREET ADDRESS

5707 Camelford Dr.

3.4 CITY-ST-ZIP

Sarasota, FL 34233

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

RSD Patricia Coleman

4.3 STREET ADDRESS

1189-7 Terraverde Circle

4.4 CITY-ST-ZIP

FL Myers FL 33908

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

CSD Kathy Bachand

5.3 STREET ADDRESS

21707 Sunjate Ct.

5.4 CITY-ST-ZIP

Estero, FL 33928

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 317, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carol Ann Birtwistle*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/99 941-423-2425

Office Phone #

CR02037 (11/98)