SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

SIGNATURE: LURRAY MYERS SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). NONPROFIT FLORIDA DEPARTMENT OF STATE Sep 17 1998 8:00am CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 754590 (8)SARASOTA GIRLS' CHOIR, INC. Principal Place of Business Mailing Address 3. Date incorporated or Qualified 4150 SO SHADE AVE 2955 LOUISE ST SARASOTA FL 34237 SARASOTA FL 34276 10/13/1980 Applied For 4. FEI Number 59-2054956 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 21 Fee Required Sulte, Apt. #, etc. Sulte, Apt. #, etc. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association?

Yes X No 23 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KEANE, GERALD B. 82 Street Address (P.O. Box Number Is Not Acceptable) 46 WASHINGTON BLVD, N. 83 SARASOTA FL 34237 84 Zip Code City 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) (2/88) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE TITLE DELETE Change Addition NAME HUBER, MARK 12 NAME **3421 BAYOU CT** STREET ADDRESS 1.3 STREET ADDRESS LONGBOAT KEY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change Addition NAME JEWELL, CATHY 2.2 NAME **603 S VENICE BLVD** STREET ADDRESS 2.3 STREET ADDRESS <u>VENICE FL</u> CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition NAME DORSEY, LAURA 3.2 NAME STREET ADDRESS 4323 MANFIELD DR 3.3 STREET ADDRESS YENICE FL 3.4 CITY-ST-ZIP CITY-ST-2IP TITLE 4.1 TITLE DELETE X Change Addition 4.2 NAME NAME BRUNO, CHRISTINE ALLE COLUENS, LINDA STREET ADDRESS **320 BARLOW AVE** 4.3 STREET ADDRESS 4967 TAYWATER DELL FAIRWAY OAKS SA 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 5.1 TITLE DELETE X Change Addition NAME **S**OSZKA, JANE 5.2 NAME WENDALL PRITCHETT 2517 GLEBE FARM CLOSE 5.3 STREET ADDRESS STREET ADDRES FL 34276 CITY-ST-ZIP SARASOTA FL 34233 5.4 CITY-ST-ZIP TITLE 6.1 TITLE Change Addition DELETE NAME MYERS, LURRAY 6.2 NAME STREET ADDRESS 2955 LOUSIE 6.3 STREET ADDRESS SARASOTA FL 34237 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

9/11/98 Date

(941) 351-0004