

FILE NOW: FILING FEE IS \$61.25

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Apr 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11987** (7)

1. Corporation Name

**SARASOTA CHORUS, INC., SWEET ADELINES INTERNATIO  
NAL**

Principal Place of Business

Mailing Address

**629 CALLE DEL OTONO  
SARASOTA FL 34242  
US**

**PO BOX 18463  
SARASOTA FL 34276-1463**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/08/1985</b>	3a. Date of Last Report <b>05/20/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-6166249</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FENNESSY, NANCY L  
629 CALLE DEL OTONO  
SARASOTA FL 34242**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FENNESSY, NANCY L</b>	1.2 NAME	
STREET ADDRESS	<b>629 CALLE DEL OTONO</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DENSON, PAT</b>	2.2 NAME	
STREET ADDRESS	<b>3875 COUNTRY PL. BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANGFORD, SUZIE</b>	3.2 NAME	
STREET ADDRESS	<b>2205 15TH AVE., WEST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALEXANDER, ROBERTA</b>	4.2 NAME	
STREET ADDRESS	<b>1760 DAWN ST.</b>	4.3 STREET ADDRESS	<b>3360 S. OSPREY AVE. APT 205B</b>
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	4.4 CITY-ST-ZIP	<b>SARASOTA, FL 34239</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDRIESSE, JEAN</b>	5.2 NAME	
STREET ADDRESS	<b>4452 NARRAGANSET TR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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:

*Nancy L Fennessy*

4/11/97 (941) 346-1127

CR2E037 (9/96)