

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified
11/08/1985
4. FEI Number
59-6166249
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**
7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FENNESSY, NANCY L
629 CALLE DEL OTONO
SARASOTA FL 34242

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD FENNESSY, NANCY L
STREET ADDRESS	629 CALLE DEL OTONO
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	<input type="checkbox"/> DELETE
NAME	VD BENSON, PAT
STREET ADDRESS	3675 COUNTRY PL. BLVD.
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	<input type="checkbox"/> DELETE
NAME	SD LANGFORD, SUZIE
STREET ADDRESS	2205 15TH AVE., WEST
CITY-ST-ZIP	BRADENTON FL 34205
TITLE	<input type="checkbox"/> DELETE
NAME	S ALEXANDER, ROBERTA
STREET ADDRESS	3380 S OSPREY AVE., APT 205B
CITY-ST-ZIP	SARASOTA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T ANDRIESSE, JEAN
STREET ADDRESS	4452 NARRAGANSET TR.
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SALLY SCHMIDT
5.3 STREET ADDRESS	4502 PAVANEE TR.
5.4 CITY-ST-ZIP	SARASOTA, FL 34233
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 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: Sally Schmidt **SALLY SCHMIDT** 4/13/98 941-957-0064

CR2E037 (10/97)