

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90118 008 ****61.25

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DOCUMENT # N11987

1. Corporation Name

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

Principal Place of Business

629 CALLE DEL OTONO
SARASOTA FL 34242
US

Mailing Address

PO BOX 18463
SARASOTA FL 34242



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

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

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 PD ☐ DELETE
NAME FENNESSY, NANCY L
STREET ADDRESS 629 CALLE DEL OTONO
CITY-ST-ZIP SARASOTA FL 34242

TITLE VD ☐ DELETE
NAME BENSON, PAT
STREET ADDRESS 3675 COUNTRY PL. BLVD.
CITY-ST-ZIP SARASOTA FL 34233

TITLE SD ☒ DELETE
NAME LANGFORD, SUZIE
STREET ADDRESS 2205 15TH AVE., WEST
CITY-ST-ZIP BRADENTON FL 34205

TITLE S ☐ DELETE
NAME ALEXANDER, ROBERTA
STREET ADDRESS 3360 S OSPREY AVE., APT 205B
CITY-ST-ZIP SARASOTA FL

TITLE T ☐ DELETE
NAME SCHMIDT, SALLY
STREET ADDRESS 4502 PAWNEE TR
CITY-ST-ZIP SARASOTA FL 34233

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition
32 NAME **HOWELS, JACQUELINE**
33 STREET ADDRESS **425 30th AVE. W. #406D**
34 CITY-ST-ZIP **BRADENTON, FL 34205**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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, with all other like empowered.

SIGNATURE:

Sally Schmidt SALLY SCHMIDT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/99

Daytime Phone #

94-922-0978

CR2E037 (11/98)