2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empower

SIGNATURE:

FILED May 06, 2002 8:00 am Secretary of State **DOCUMENT # N11987** SARASOTA CHORUS, INC., SWEET ADELINES INTERNATIO 05-06-2002 90257 005 ****61.25 NAL Principal Place of Business Mailing Address 629 CALLE DEL-OTONO PO BOX 18463 SARASOFA FL 34242 SARASOTA FL 34242 US 2. Principal Place of Business 4009 Crockers LK Blud 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 59-6166249 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BENSON, PAT 3675 COUNTRY PLACE BLVD SARASOTA FL 34233 32 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) Delete Change TITI F Addition-TITLE FENNESSY, NANCY L margaret NAME NAME 4009 Crockers LK. Blud + 1213 7125 FRUITVILLE RD SITE 1190 **CR2E037** STREET ADDRESS STREET ADDRESS Sarasota, Fl. 34238 SARASOTA FL 34240 CITY-ST-ZIP CITY-ST-ZIP VD Delete Change alla han ☐ Addition TITLE TITLE BENSON, PAT 1233 SER Plume Way NAME NAME Saracota, F1. 34242 3675 COUNTRY PL. BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233. CITY-ST-ZIP ... Delete Rycyk, Amanda 1102 Januis Rd. Change TITLE ■ Addition MANVILLE, NANCY NAME NAME 7340 PINE NEEDLE RD STREET ADDRESS STREET ADDRESS Sarasota, fl 34241 SARASOTA FL 34242 CITY-ST-ZIP CITY-ST-ZIP Viggiano, Dolores Change C 5161 Island Date Com St. TITLE □ Delete TITLE ALEXANDER, ROBERTA NAME NAME 3360 S OSPREY AVE., APT 205B STREET ADDRESS STREET ADDRESS sarasota fl CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHMIDT, SALLY NAME NAME 4502 PAWNEE TR STREET ADDRESS STREET ADDRESS Sarasota FL 34233 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if