

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11987

FILED
Jan 17, 2004
Secretary of State

Entity Name: SARASOTA CHORUS, INC., SWEET ADELINES INTERNATIONAL

Current Principal Place of Business:

4009 CROCKERS LK BLVD
1213
SARASOTA, FL 34238 US

New Principal Place of Business:

3916 PIN OAKS STREET
SARASOTA, FL 34232 US

Current Mailing Address:

PO BOX 18463
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-6166249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, SALLY
4502 PAWNEE TR
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAULERSON, JENNIFER
Address: 3916 PIN OAKS ST
City-St-Zip: SARASOTA, FL 34232 US

Title: VD () Delete
Name: CLARK, JEAN
Address: 31637 SINGLETARY RD
City-St-Zip: MYAKKA CITY, FL 34251

Title: SD () Delete
Name: RYCYK, AMANDA
Address: 7102 JARVIS RD
City-St-Zip: SARASOTA, FL 34241

Title: S () Delete
Name: VIGGIANO, DOLORES
Address: 5161 ISLAND DAT ST
City-St-Zip: SARASOTA, FL 34232

Title: T () Delete
Name: SCHMIDT, SALLY
Address: 4502 PAWNEE TR
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY SCHMIDT

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01/17/2004

Electronic Signature of Signing Officer or Director

Date