


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90170 002 ****61.25

DOCUMENT # N11987 1. Entity Name SARASOTA CHORUS, INC., SWEET ADELINES INTERNATIONAL			
Principal Place of Business 3916 PIN OAKS STREET SARASOTA, FL 34232 US		Mailing Address PO BOX 18463 SARASOTA, FL 34242	
2. Principal Place of Business 3218 PATTON ST		3. Mailing Address PO BOX 18463	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34235	Country USA	Zip 34242	Country USA
4. FEI Number 59-6166249		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHMIDT, SALLY 4502 PAWNEE TR SARASOTA, FL 34233		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u><i>Sally Schmidt</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/13/05</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAULERSON, JENNIFER 3916 PIN OAKS ST SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARK, JEAN 31637 SINGLETARY RD MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRES. IVARSSON, CHERI 3218 PATTON ST. SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RYCYK, AMANDA 7102 JARVIS RD SARASOTA, FL 34241	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP MARGARET FEY 4009 CROCKERS LAKE BLVD #1213 SARASOTA, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VIGGIANO, DOLORES 5161 ISLAND DAT ST SARASOTA, FL 34232	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD NORMAN, DOLORES 6439 BIKINI RD. SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHMIDT, SALLY 4502 PAWNEE TR SARASOTA, FL 34233	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NORMAN, DOLORES 6439 BIKINI RD. SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STACHEL, PATTY 4004 CENTER POINTE PL SARASOTA, FL 34241	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Sally Schmidt</i></u> SALLY SCHMIDT		Date: <u>4/13/05</u> Daytime Phone #: <u>941-922-0978</u>	