

**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90044 016 \*\*\*\*61.25

DOCUMENT # N11987

1. Entity Name  
SARASOTA HARMONY SHOW CHORUS, INC,  
SWEET ADELINES INTERNATIONAL



**DO NOT WRITE IN THIS SPACE**

40007003

2. Principal Place of Business  
4004 CENTER POINTE PLACE  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 18643  
Suite, Apt. #, etc.

CR2E037B (8/05)

City & State  
SARASOTA, FL  
Zip  
34233  
Country  
USA

City & State  
SARASOTA FL  
Zip  
34276-1463  
Country  
USA

4. FEI Number  
59-6166249  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
PATRICIA A. STACHEL  
Street Address (P.O. Box Number is Not Acceptable)  
4004 CENTER POINTE PLACE  
City SARASOTA FL Zip Code 34233

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended AR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT/DIRECTOR P/D  
LISA CORIN  
7302 PERIWINKLE DR.  
SARASOTA, FL 34231

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP/DIRECTOR /M VP/D/M  
CHERI IYARSSON  
3218 PATTON ST  
SARASOTA, FL 34235

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY/DIRECTOR S/D  
DOLORES HERON  
3616 MAPLEWOOD TERRACE  
BRADENTON, FL 34203

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER/DIRECTOR T/D  
PATRICIA A. STACHEL  
4004 CENTER POINTE PLACE  
SARASOTA, FL 34233

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

1/25/06

941-379-3080