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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:47

DOCUMENT # N23786 (9)

1. Corporation Name

ATLANTIC-GULF REGION #9, SWEET ADELINES INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
10679 RIO HERMOSO DELRAY BEACH FL 33446 US	10679 RIO HERMOSO DELRAY BEACH FL 33446 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1987
3a. Date of Last Report: 03/04/1994
4. FEI Number: 51-0142679 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4747 W. Waters Avenue	26 4747 W. Waters Avenue
Suite, Apt. #, etc. 22 #2408	Suite, Apt. #, etc. 27 #2408
City & State 23 Tampa, FL.	City & State 28 Tampa, FL.
Zip 24 33614 Country 25 USA	Zip 29 33614 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NIPPER, JAMES L.
200 W. FORSYTHE ST.
SUITE 1004
JACKSONVILLE FL 32202

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	RD	11 TITLE	REGENT/DIRECTOR	☒ Change ☐ Addition
NAME	VERCOWEREN, BARBARA	12 NAME	CARRIE A. SCOTT	
STREET ADDRESS	10679 RIO HERMOSO	13 STREET ADDRESS	4747 W. Waters Avenue, #2408	
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	Tampa, FL. 33614	
TITLE	VD	21 TITLE	VICE REGENT/DIRECTOR	☒ Change ☐ Addition
NAME	SCHAFFNER, HOLLY	22 NAME	DO LAHR	
STREET ADDRESS	2884 OAKLAND DR	23 STREET ADDRESS	10705 Forest Run Drive	
CITY-ST-ZIP	GREEN COVE SPGS FL	24 CITY-ST-ZIP	Bradenton, FL. 34202	
TITLE	SD	31 TITLE	SECRETARY/DIRECTOR	☒ Change ☐ Addition
NAME	PARKER, PAT	32 NAME	HOLLY SCHAFFNER	
STREET ADDRESS	506 ORANGE DR. #21	33 STREET ADDRESS	2884 Oakland Drive	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	34 CITY-ST-ZIP	Green Cove Springs, FL. 32043	
TITLE	TD	41 TITLE	TREASURER/DIRECTOR	☐ Change ☐ Addition
NAME	CORNELIUS, JANET	42 NAME	JANET CORNELIUS	
STREET ADDRESS	6024 NW 52ND TERRACE	43 STREET ADDRESS	6024 N.W. 52 Terrace	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	Gainesville, FL. 32653	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Janet G. Cornelius JANET CORNELIUS, T/D 2/10/95 904-392-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0950511