

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # *N23786*

1. Corporation Name

**ATLANTIC-GULF REGION #9, SWEET ADELINES
INTERNATIONAL CORR.**

Principal Place of Business

Mailing Address

6024 NW 52 Terrace
Gainesville, FL 32653
US

6024 NW 52 Terrace
Gainesville, FL 32653
US

3. Date Incorporated or Qualified

12/08/1987

3a. Date of Last Report

2/10/95

4. FEI Number

51-0142679

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	REGENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carrie A. Scott	
1.3 STREET ADDRESS	5430 Deerbrooke Creek Circle, Apt. 6	
1.4 CITY - ST - ZIP	Tampa, FL 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VICE REGENT/DIRECTOR	
2.2 NAME	Ellen Marcum	
2.3 STREET ADDRESS	193 SE riverbend St., Stuart FL 34997	
2.4 CITY - ST - ZIP		
3.1 TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Holly St. John	
3.3 STREET ADDRESS	12615 Remo Court	
3.4 CITY - ST - ZIP	Boca Raton, FL 33496	
4.1 TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Janet Cornelius	
4.3 STREET ADDRESS	6024 NW 52 Terrace	
4.4 CITY - ST - ZIP	Gainesville, FL 32653	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	500001798625	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/29/96--01045--017	
6.3 STREET ADDRESS	***61.25	
6.4 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)(k), 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 L. Cornelius

JANET CORNELIUS T/D

4/17/96

352-392-0002

CR2E037 (12/95)

4-27-96