

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23786 (9) 1. Corporation Name ATLANTIC-GULF REGION #9, SWEET ADELINES INTERNATIONAL CORP.

Principal Place of Business 6024 NW 52ND TERRACE GAINESVILLE FL 32653 US	Mailing Address 6024 NW 52ND TERRACE GAINESVILLE FL 32653-3355 US
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2. Principal Place of Business 21 7337 Somerset Shores Ct. Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip 24 32819	2a. Mailing Address 26 7337 Somerset Shores Ct. Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32819	3. Date Incorporated or Qualified 12/08/1987	3a. Date of Last Report 04/27/1996	4. FEI Number 51-0142679	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE RD	NAME SCOTT, CARRIE A	1.1 TITLE Regent (D)	1.2 NAME Gloria Schuler
STREET ADDRESS 5430 DEERBROOKE CREEK CIRCLE APT 6	CITY-ST-ZIP TAMPA FL 33624	1.3 STREET ADDRESS 14501 Farm Hills Place	1.4 CITY-ST-ZIP Tampa, FL 33625
TITLE VRD	NAME MARCUM, ELLEN	2.1 TITLE Vice Regent (D)	2.2 NAME Ellen Marcum
STREET ADDRESS 193 SE RIVERBEND STREET	CITY-ST-ZIP STUART FL 34997	2.3 STREET ADDRESS 193 SE Riverbend St.	2.4 CITY-ST-ZIP Stuart, FL 34997
TITLE SD	NAME ST JOHN, HOLLY	3.1 TITLE Secretary (D)	3.2 NAME Sharon Metzger
STREET ADDRESS 12815 REMO COURT	CITY-ST-ZIP BOCA RATON FL 33496	3.3 STREET ADDRESS 794 100 Ave. No. #102	3.4 CITY-ST-ZIP St. Petersburg, FL 33702
TITLE TD	NAME CORNELIUS, JANET	4.1 TITLE Treasurer (D)	4.2 NAME Sharon Vance
STREET ADDRESS 6024 NW 52ND TERRACE	CITY-ST-ZIP GAINESVILLE FL 32653	4.3 STREET ADDRESS 7337 Somerset Shores Court	4.4 CITY-ST-ZIP Orlando, FL 32819
TITLE 	NAME 	5.1 TITLE 	5.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	5.3 STREET ADDRESS 	5.4 CITY-ST-ZIP
TITLE 	NAME 	6.1 TITLE 	6.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	6.3 STREET ADDRESS 	6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)