



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N23786 1. Entity Name ATLANTIC-GULF REGION #9, SWEET ADELINES INTERNATIONAL CORP.						FILED 04 OCT -8 PM 12:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4408 WOODFIELD BLVD. BOCA RATON, FL 33434 US				Mailing Address 4408 WOODFIELD BLVD. BOCA RATON, FL 33434 US			
2. Principal Place of Business		3. Mailing Address				.05082004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
Country		Country		4. FEI Number 51-0142679		<input type="checkbox"/> 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 ABRAMS, JOANN 4408 WOODFIELD BLVD. BOCA RATON, FL 33434				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by September 8, 2004				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	P/D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABRAMS, JOANN			NAME	900041709589 10/08/04--01029--001 **\$61.25		
STREET ADDRESS	4408 WOODFIELD BLVD.			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434			CITY-ST-ZIP			
TITLE	S/D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, MARSHA			NAME			
STREET ADDRESS	403 S. SUNLAND DR.			STREET ADDRESS			
CITY-ST-ZIP	SANFORD, FL 34773			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIRTWISTLE, CAROLE ANN			NAME			
STREET ADDRESS	5707 CAMELFORD DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34233			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							

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: Carole Ann Birtwistle, Carole Ann Birtwistle 7/3/04 941-360-7204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #