
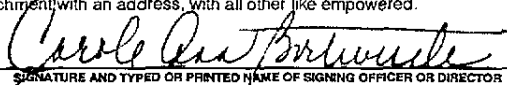


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N23786</b>			
1. Entity Name ATLANTIC-GULF REGION #9, SWEET ADELINES INTERNATIONAL CORP.			
Principal Place of Business 4408 WOODFIELD BLVD. BOCA RATON, FL 33434 US		Mailing Address 4408 WOODFIELD BLVD. BOCA RATON, FL 33434 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
6. Name and Address of Current Registered Agent  ABRAMS, JOANN 4408 WOODFIELD BLVD. BOCA RATON, FL 33434		<b>DO NOT WRITE IN THIS SPACE</b>	
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 re-registering)</small> DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		UD00000340861 04/28/05-80125-009 61.25	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ABRAMS, JOANN 4408 WOODFIELD BLVD. BOCA RATON, FL 33434		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D WILLIAMS, MARSHA 403 S. SUNLAND DR. SANFORD, FL 34773		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIRTWISTLE, CAROLE ANN 5707 CAMELFORD DRIVE SARASOTA, FL 34233		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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.			
<b>SIGNATURE:</b> 		4/9/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # 941-350-7204	