## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 



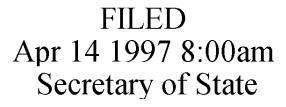
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #

1. Corporation Name

(6)



VENETIAN HARMONY CHAPTER OF SWEET ADELINES INTER NATIONAL, INC.												
Principal Pla	lling Address					- 1 1801  84 818 1408  1818  101  8 70[		.)   2  0   0  0	DIBII OLDSI IDDI			
PO BOX 3285 VENICE FL 34	BOX 3285 ICE FL 34293-0125											
	1121111								3. Date Incorporated or Qualified 10/18/1988	3a. D	ate of Last F 07/24/19	
21	Place of Busin	ess	2a. Mailing Address 26					4. FEI Number 59-2409715	Applied For Not Applicable			
Sulte, Apt	#, etc.		Suito, Apt. #, etc.					5. Certificate of Status Desired			Additional equired	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
<b>Z</b> ip		Country		Zip	Co	untry	,		8. This corporation has flability for	intangible		
24		25	29		30					_ ~ -	] No	, 100.00E,
	9. Name	and Address of Currer	nt Registe	ered Agent	· · · · · · · · · · · · · · · · · · ·				10. Name and Address of New Re	glstered	Agent	
						81	Name					
LAVERTY, ELENORE S						82	Street	Addre	ss (P.O. Box Number is Not Acceptal	ole)		
	INISBROOK	CT.										
VENICE	FL 34293					83						
						64	City			FL	85 Zip	Code
11. Pursuant office or	to the provision	ons of Sections 617.050 onl, or both, in the State	2 and 611 of Florida	7.1508, Florida Statu a. Such change was	tes, the a	bove d by	e-named the cor	l corpo	ration submits this statement for the particular acceptance of directors. I hereby acceptance of the particular acceptance of the pa	ourpose of	changing if ointment as	Is registered
agent. I a	am familiar witi	h, and accept the oblig	ations of,	Section 617.0503, Fi				1				- Togrotorou
SIGNATURE	Elenor.	C S I.A VC 1 1 or printed name of registered ago	1	7 D	Lile	<u>. /.</u>	1121	d) (	Yww.ty Lyhen reinstalino)		197	
12,	aigilitare, typed c	OFFICERS AN			12: Hogistere	o Age	eni signaturi	required	ADDITIONS/CHANGES TO OFFICE	DATE PEDS AND	DIDECTOR	C IN 42
TITLE	PD		DIVILO.	DELETE	1,1 7	ITLE		UD	ADDITIONO/OFFICE TO OFFIC		Change	Addition
NAME		ELIZABETH			1,2 N			VD	DOTALL DURIN		E ononge	<b>Y</b>
STREET ADDRESS		MMERTREE RD.					ADDRESS		ECLAW, RUTH			
CITY-ST-ZIP		FL 34293			I .	ITY-S		,	42 BROOKSIDE DR.			
TITLE	SD			DELE1E	2.1 T			A 17:0	NICE, FL 34292		Change	Addition
NAME		, DOROTHY			22 N	AME		ļ			_ •	<u>-</u>
STREET ADDRESS	1742 N L	AKESIDE CT.			2.3 \$	TREET	ADDRESS	İ				
CITY-ST-ZIP	VENICE I	FL 34293			2.40	OTY-S	37-2iP					
TITLE	TD			DELETE	3.1 T	TLE					Change	Addition
NAME		', ELENORE S			3.2 N	AME						
STREET ADDRESS		iisbrook Ct.			3.3 S	TREET.	ADDRESS					
CITY-ST-ZIP	VENICE	FL 34293			3.4. 0	ny-s	T-ZIP					
TITLE				DELETE	4.1 11	îLE					☐ Change	Addition
NAME :					4.21	IAME						
STREET ADDRESS					4.3 S	TREET	ADDRESS					
CITY-ST-ZIP		<del></del>			· · · · · · · · · · · · · · · · · · ·	11Y-S1	1- <b>2</b> 1P					
TITLE				DELETE"	5.1 11						Change	Addition
NAME					5.2 N	AME						
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CITY-ST-ZIP						TY - \$1	1-21P					
TITLE				DELETE	6.1 TI		j				Change	☐ Addition
NAME					6.2 N	AME						
STREET ADDRESS					6.3 ST	REET	ADDRESS					
CITY-ST-ZIP					6.4 Ci	TY-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 atlachment with an address.