FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR -9 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33468 (2)

1. Corporation Name
SWEET ADELINES INTERNATIONAL CORPORATION, ROYAL PALM CHORUS

Principal Place of Business	Mailing Address
1020 BEECH RD W PALM BCH FL 33409 US	1020 BEECH RD W PALM BCH FL 33049 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1989
3a. Date of Last Report: 04/22/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29: 33409 / Country 30

9. Name and Address of Current Registered Agent

POMERANCE, ROGER M.
1615 FORUM PLACE
SUITE 300
W PALM BEACH FL 33401

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FLYNN, PAT	1.2 NAME	Cathy Antonacci	
STREET ADDRESS	400 WILMA CIR S310	1.3 STREET ADDRESS	6920 Athena DRIVE	
CITY-ST-ZIP	RIVIERA BCH FL	1.4 CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	SD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	LAKE, CHELSEA	2.2 NAME	LAKE, Chelsea	
STREET ADDRESS	2431 MARATHON LN	2.3 STREET ADDRESS	2431 MARATHON Lane	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	CAMPBELL, RUTH	3.2 NAME	CAMPBELL, RUTH	
STREET ADDRESS	150 SE FOUR WINDS DR S101	3.3 STREET ADDRESS	2896 S.W. Willowood circle	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	TD	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	HAAS, DONNA	4.2 NAME		NO change
STREET ADDRESS	1020 BEECH RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	SD	☐ Change ☒ Addition
NAME		5.2 NAME	Orsbin, Glenna	
STREET ADDRESS		5.3 STREET ADDRESS	44 West ARCH DRIVE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Donna M Haas DONNA M. HAAS 2/28/95 (407) 687-7190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040336