

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N49842** (0)

1. Corporation Name
THE ORLANDO CHAPTER OF THE GOSPEL MUSIC WORKSHOP OF AMERICA, INC.



Principal Place of Business: **3242 W. CHURCH ST. ORLANDO FL 32805 US**
Mailing Address: **P.O. BOX 555976, N/A ORLANDO FL 32805 US**

3. Date Incorporated or Qualified: **07/10/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3127180**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent: **WHITE, RUTHA B. 3242 W CHURCH ST ORLANDO FL 32805**
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 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: _____ 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: D	WHITE, RUTHA B. 3242 W CHURCH ST ORLANDO FL	1.1 TITLE: Treasurer - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WHITE, RUTHA B.		1.2 NAME: Linda Kemp	
STREET ADDRESS: 3242 W CHURCH ST		1.3 STREET ADDRESS: P.O. Box 53 - N/A	
CITY-ST-ZIP: ORLANDO FL		1.4 CITY-ST-ZIP: Oakland, FL 34760	
TITLE: D	WESLEY, DEBBYE 605 N LAKE BLVD #69 ALTAMONTE SPRINGS FL	2.1 TITLE: Financial Sec. - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WESLEY, DEBBYE		2.2 NAME: Eunice Reed	
STREET ADDRESS: 605 N LAKE BLVD #69		2.3 STREET ADDRESS: 301 Hull Ave.	
CITY-ST-ZIP: ALTAMONTE SPRINGS FL		2.4 CITY-ST-ZIP: Oakland, FL 34760	
TITLE: D	DAVIS, R.T. 1953 W ACADIN DR DELTONA FL	3.1 TITLE: Administrative Asst. - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: DAVIS, R.T.		3.2 NAME: Adrienne Cantine	
STREET ADDRESS: 1953 W ACADIN DR		3.3 STREET ADDRESS: 849 S. Wymore Rd. Apt. 22A	
CITY-ST-ZIP: DELTONA FL		3.4 CITY-ST-ZIP: Altamonte Springs FL 32711	
TITLE: D	NEWTON, CLARA 4534 KIRKLAND BLVD ORLANDO FL	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NEWTON, CLARA		4.2 NAME:	
STREET ADDRESS: 4534 KIRKLAND BLVD		4.3 STREET ADDRESS:	
CITY-ST-ZIP: ORLANDO FL		4.4 CITY-ST-ZIP:	
TITLE: D	DORSEY, BEULAH 3426 PIPES O THE GLEN WY ORLANDO FL	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DORSEY, BEULAH		5.2 NAME:	
STREET ADDRESS: 3426 PIPES O THE GLEN WY		5.3 STREET ADDRESS:	
CITY-ST-ZIP: ORLANDO FL		5.4 CITY-ST-ZIP:	
TITLE: D	NEWTON, ANNIE 1900 ATTUCKS AVE ORLANDO FL	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NEWTON, ANNIE		6.2 NAME:	
STREET ADDRESS: 1900 ATTUCKS AVE		6.3 STREET ADDRESS:	
CITY-ST-ZIP: ORLANDO FL		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)(k), 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: **Rutha B. White / Rutha B. White** DATE: **4/30/96** (407) 295-4648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **05 6/19/96**

CR2E037 (12/95)