FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N49842

1. Corporation Name

THE ORLANDO CHAPTER OF THE GOSPEL MUSIC WORKSHOP OF AMERICA, INC.

Principal Place of Busine
3242 W. CHURCH ST.
ORLANDO FL 32805

Mailing Address

3242 W. CHURCH ST. ORLANDO FL 32805

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90074 040 ****61.25

US			\$ 10031191 911 01610 (0191 1011) BIBIN TIES BIBIN OLDS BIDIN BIDIN BIBIN						
						•		•	
2. Principal P	Place of Business 2a. Mailing Address				Date Incorporated or Qu	Date Incorporated or Qualifed			
21	26				07/10/1992				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number			pplied For	
22		27	_		59-3127180			ot Applicable	
City & Stat	te	City & State			5. Certificate of Status Des	sired 🔲 .		Additional equired	
Zip	Country	Zip	Cour	itry	6. Election Campaign Fina	nnoing	\$5.00	May Be	
, <u>a</u>	25	29	30		Trust Fund Contribution		Added	to Fees	
,	9. Name and Address of Current	Registered Agent	<u> </u>		10. Name and Address of	New Registered	Agent		
				81 Name			,	,	
WHITE, RU	ITHA R			82 Street	Address (P.O. Box Number is Not /	Acceptable)			
	HURCH ST		}	01 0100	Address (F.S. Dox Humber to Her)				
	FL 32805		-	83					
OILAIDO	TE CECCO		ļ	04 00			es Zin	Code	
			ļ	84 City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Stat	tutes, the ab	ove-name	corporation submits this statement	for the purpose of	changing its	registered	
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State or familiar with, and accept the obligation	of Florida. Such change was	autnonzea	by the corp	oration's board of directors. I hereb	y accept the appoil	itment as re	gistered	
	IM IAM WITH WITH AND ACCEPT THE ODINGATI	Olip of, Section City, Costs, i	Torida Otato	ios.				<u></u>	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	Registered	Agent signature	required when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTO		
TITLE	TD	☐ DELETE	1.1 TIT	E			Change	Addition Addition	
NAME	KEMP, LINDA		1.2 NA	ME				l	
STREET ADDRESS	P.O. BOX 53 N/A		1.3 STF	REET ADDRESS	1	,			
CITY-ST-ZIP	OAKLAND FL 34760		1.4 CIT	Y-ST-ZIP					
TITLE	SD	DELETE	2.1 111		SD	<u> </u>	Change	Addition	
NAME	RHODES, PAULETTE	•	2.2 NA	ME	Wesley, Debbye 605 so. Northlake &	24 سے اسال			
STREET ADDRESS	P. OF OF ACE		2.3 STF	REET ADDRESS	605 So. Northlake	alva. To			
CITY-ST-ZIP	ORLANDO FL 32805			ry-st-zip	Altamonte Springs	, 41.32701			
TITLE	AAD	☐ DELETE	3.1 T/T				Change	Addition	
NAME	CANTINE, ADRIENNE		3.2 NA	ME					
STREET ADDRESS	112 ESSEX AVENUE #35A			REET ADDRESS				•	
	ALTAMONTE SPRINGS FL 3270	t		TY-ST-ZIP					
CITY-ST-ZIP	D	DELETE	4,1 TIT			-	☐ Change	☐ Addition	
NAME	DORSEY, BEULAH		4. 2 NA						
STREET ADDRESS	ALCO DIDEO O THE OLEM MIN			REET ADORESS					
CITY-ST-ZIP	ORLANDO FL 32808			Y-ST-ZIP					
TITLE	0,,2,1,00,1,0000	☐ DELETE	5.1 TIT				☐ Change	☐ Addition	
NAME			5.2 NA		· ·			٠.	
STREET ADDRESS			5.3 ST	REET ADDRESS					
CITY-ST-ZIP	1		5.4 CIT	Y-ST-ZIP			•		
TITLE		DELETE	6.1 TIT				Change	Addition	
NAME			6.2 NA	ME	}	•			
STREET ADDRESS			6.3 ST	REET ADDRESS	s	•			
CITY OF 7ID	Ί		6.4 CIT	Y-ST-ZIP					

14. 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 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, with all other like empowered.

SIGNATURE: