

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90096 019 ****61.25



DOCUMENT # N49842
 1. Entity 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: **3242 W. CHURCH ST. ORLANDO FL 32805 US**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State: City & State

4. FEI Number: **59-3127180**
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WHITE, RUTHA B.
 3242 W CHURCH ST
 ORLANDO FL 32805**

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	KEMP, LINDA	
STREET ADDRESS	P.O. BOX 53 N/A	
CITY-ST-ZIP	OAKLAND FL 34760	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MIKE, ROGER	
STREET ADDRESS	1701 LEE RD APT 515 R	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	AAD	<input type="checkbox"/> Delete
NAME	CANTINE, ADRIENNE	
STREET ADDRESS	112 ESSEX AVENUE #35A	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	BMGR	<input type="checkbox"/> Delete
NAME	WHITE, III, ERNEST	
STREET ADDRESS	1844 DOC LK CIR.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SP Tandra Renee Sims,	
STREET ADDRESS	6707 Meritmoor Circle	
CITY-ST-ZIP	Orlando, FL 32818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Rutha B. White 4/26/05 (407)295-4648
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #