

# 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 # **746280** (7)

1. Corporation Name

**GLORIA MUSICAE, INC.**



Principal Place of Business

**104 SO PINEAPPLE AVE  
SARASOTA FL 34236  
US**

Mailing Address

**PO BOX 3863  
SARASOTA FL 34236-8503  
US**

3. Date Incorporated or Qualified  
**03/16/1979**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21 ST. BONIFACE CHURCH**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 MIDNIGHT PASS RD**

**27**

City & State

City & State

**23 SARASOTA, FL.**

**28**

Zip

Country

Zip

Country

**24 34231**

**25 US**

**29**

**30**

4. FEI Number  
**59-1913814**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEET, CAROLYN  
924 S. CONRAD  
SARASOTA FL 34237**

81 Name

**MARILYN PARRY ARDEN FOWLER**

82 Street Address (P.O. Box Number is Not Acceptable)

**4244 MARINA CT.**

83

84 City

**CORTEZ**

FL

85 Zip Code

**34215**

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 **ARDEN FOWLER**

Signature, typed or printed name of registered agent and title if applicable

*Arden Fowler*

(NOTE: Registered Agent signature required when reinstating)

**Apr. 23, 1996**

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PEET, CAROLYN	
STREET ADDRESS	924 S. CONRAD	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOST, JOHN	
STREET ADDRESS	2923 TANGLEWOOD WAY	
CITY - ST - ZIP	SARASOTA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NASH, KATHERINE	
STREET ADDRESS	1535 2ND ST.	
CITY - ST - ZIP	SARASOTA, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GREENE, PAUL	
STREET ADDRESS	2836 PINECREST WAY	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERSHFELD, YELENA	
STREET ADDRESS	8461 GARDENS CR. APT. 10	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, FAY	
STREET ADDRESS	823 OAK DR.	
CITY - ST - ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TREAS. - BETTANY BROWN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5755 CANADA DR #1
1.4 CITY - ST - ZIP	SARASOTA FL 34231
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARILYN PARRY
3.3 STREET ADDRESS	340 CANAL RD.
3.4 CITY - ST - ZIP	SARASOTA FL 34242
4.1 TITLE	PRES. PRO TEM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MILTON FOWLER
4.3 STREET ADDRESS	4244 MARINA CT.
4.4 CITY - ST - ZIP	CORTEZ FL 34215
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	VICE PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ARDEN FOWLER
6.3 STREET ADDRESS	4244 MARINA CT
6.4 CITY - ST - ZIP	CORTEZ FL 34215

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:

*Milton Fowler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/96**

Date

**941-794-5345**

Daytime Phone #

CR2E037 (12/95)