

# 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

Mailing Address

**3242 W. CHURCH ST.  
ORLANDO FL 32805  
US**

**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**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3127180**

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

24

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

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, RUTHA B.  
3242 W CHURCH ST  
ORLANDO FL 32805**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **WHITE, RUTHA B.**  
CITY-ST-ZIP **3242 W CHURCH ST  
ORLANDO FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **Treasurer - D**  
1.3 STREET ADDRESS **Linda Kemp**  
1.4 CITY-ST-ZIP **P.O. Box 53 - N/A  
Oakland, FL 34760**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **WESLEY, DEBBYE**  
CITY-ST-ZIP **605 N LAKE BLVD #69  
ALTAMONTE SPRINGS FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **Financial Sec. - D**  
2.3 STREET ADDRESS **Eunice Reed**  
2.4 CITY-ST-ZIP **301 Hull Ave.  
Oakland, FL 34760**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **DAVIS, R.T.**  
CITY-ST-ZIP **1953 W ACADIN DR  
DELTONA FL**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **Administrative Asst. - D**  
3.3 STREET ADDRESS **Adrienne Cantine**  
3.4 CITY-ST-ZIP **849 S. Wymore Rd. Apt. 22A  
Altamonte Springs FL 32711**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **NEWTON, CLARA**  
CITY-ST-ZIP **4534 KIRKLAND BLVD  
ORLANDO FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **DORSEY, BEULAH**  
CITY-ST-ZIP **3426 PIPES O THE GLEN WY  
ORLANDO FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **000001869140**  
5.4 CITY-ST-ZIP **-06/20/96--01028--010**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **NEWTON, ANNIE**  
CITY-ST-ZIP **1900 ATTUCKS AVE  
ORLANDO FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS **\*\*\*61.25**  
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**

**4/30/96 (407) 295-4648**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CS 6/19/96**

CR2E037 (12/95)