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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746280** (7)

1. Corporation Name

**GLORIA MUSICAE, INC.**

Principal Place of Business

**ST BONIFACE CHURCH  
MIDNIGHT PASS RD.  
SARASOTA FL 34231  
US**

Mailing Address

**PO BOX 3863  
SARASOTA FL 34230-3863  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

3a. Date of Last Report  
**04/28/1996**

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

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

10. Name and Address of New Registered Agent

81 Name **Julie G. Magenheim**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3226 N. Seclusion Drive**  
83  
84 City **Sarasota** FL 85 Zip Code **34239**

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

**JULIE G. MAGENHEIM**

**Julie G Magenheim**

**4/18/97**

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BETHANY BROWN</b>	
STREET ADDRESS	<b>5755 GRANADA DR 1</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>YOST, JOHN</b>	
STREET ADDRESS	<b>2923 TANGLEWOOD WAY</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MARILYN PARRY</b>	
STREET ADDRESS	<b>340 CANAL RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILTON FOWLER</b>	
STREET ADDRESS	<b>4244 MARINA CT</b>	
CITY-ST-ZIP	<b>CORTEZ FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GERSHFELD, YELENA</b>	
STREET ADDRESS	<b>8461 GARDENS CR. APT. 10</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ARDEN FOWLER</b>	
STREET ADDRESS	<b>4244 MANIA CT.</b>	
CITY-ST-ZIP	<b>CORTEZ FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>B</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BETTE KATTMAN (PRESIDENT)</b>	
1.3 STREET ADDRESS	<b>570 BIRDIE LANE</b>	
1.4 CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	
2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BERNARD HAHNKE</b>	
2.3 STREET ADDRESS	<b>8724 28 ST. CIRCLE EAST</b>	
2.4 CITY-ST-ZIP	<b>PARKSH, FL 34219</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Gene Schram</b>	
3.3 STREET ADDRESS	<b>5701 Midnight Pass Rd</b>	
3.4 CITY-ST-ZIP	<b>Sarasota FL 34242</b>	
4.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Julie G Magenheim</b>	
4.3 STREET ADDRESS	<b>3226 N. Seclusion Drive</b>	
4.4 CITY-ST-ZIP	<b>Sarasota FL 34239</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

**Julie G Magenheim**

**4/18/97**

**941 927-8900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0062635**

CR2E037 (9/96)