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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 3883 SARASOTA FL 34236-8503 US
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3. Date Incorporated or Qualified

03/16/1979

4. FEI Number

59-1913814

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAGENHEIM, JULIE G
3226 N. SECLUSION DRIVE
SARASOTA FL 34239**

81 Name **Julie G Magenheim**

82 Street Address (P.O. Box Number is Not Acceptable)
7745 Fairway Woods Drive

83

84 City **Sarasota**

FL

85

Zip Code **34238**

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	KATTMAN, BETTE	
STREET ADDRESS	570 BIRDIE LANE	
CITY-ST-ZIP	LONGBOAT KEY FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	YOST, JOHN	
STREET ADDRESS	2923 TANGLEWOOD WAY	
CITY-ST-ZIP	SARASOTA FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	MARILYN PARRY	
STREET ADDRESS	340 CANAL RD	
CITY-ST-ZIP	SARASOTA FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MAGENHEIM, JULIE G	
STREET ADDRESS	3226 N. SECLUSION DRIVE	
CITY-ST-ZIP	SARASOTA FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GERSHFELD, YELENA	
STREET ADDRESS	8461 GARDENS CR. APT. 10	
CITY-ST-ZIP	SARASOTA FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHRAM, GENE	
STREET ADDRESS	8701 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kattmann, Bette	
1.3 STREET ADDRESS	3761 PRAIRIE DUNES DRIVE	
1.4 CITY-ST-ZIP	SARASOTA FL 34238	

2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hahnke, Bernard	
2.3 STREET ADDRESS	8724 28th St. Circle E.	
2.4 CITY-ST-ZIP	PARRISH, FL 34219	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Parry, Marilyn	
3.3 STREET ADDRESS	340 Canal Rd	
3.4 CITY-ST-ZIP	SARASOTA FL 34242	

4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Magenheim, Julie G	
4.3 STREET ADDRESS	7745 Fairway Woods Drive	
4.4 CITY-ST-ZIP	SARASOTA FL 34238	

5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Henderson, Laura	
5.3 STREET ADDRESS	308 South Pareanna St.	
5.4 CITY-ST-ZIP	NOKOMIS, FL 34275	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hahnke, Sandra	
6.3 STREET ADDRESS	8724 28th St. Circle E.	
6.4 CITY-ST-ZIP	PARRISH, FL 34219	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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.

SIGNATURE: **Julie G Magenheim** **RECEIVED: MAGENHEIM**

01/21/98 941-927-8900

CR2E037 (10/97)