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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746280

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 34236-8503
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

03/16/1979

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

9. Name and Address of Current Registered Agent

MAGENHEIM, JULIE G
7745 FAIRWAY WOODS DR
SARASOTA FL 34238

10. Name and Address of New Registered Agent

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

Julie G. Magenheim
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/25/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	VP ☐ Change ☒ Addition
NAME	KATTMAN, BETTE	1.2 NAME	FOWLER, TONY
STREET ADDRESS	3761 PRAIRIE DUNES DR	1.3 STREET ADDRESS	4244 Marina Court
CITY-ST-ZIP	SARASOTA FL 34238	1.4 CITY-ST-ZIP	Corte 13, FL 34215
TITLE	P ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAHNKE, BERNARD	2.2 NAME	
STREET ADDRESS	8724 28TH ST, CIRCLE E	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARRISH FL 34219	2.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	PARRY, MARILYN	3.2 NAME	
STREET ADDRESS	340 CANAL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MAGENHEIM, JULIE G	4.2 NAME	
STREET ADDRESS	7745 FAIRWAY WOODS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	4.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	5.1 TITLE	S ☒ Change ☐ Addition
NAME	DERSON, LAURA	5.2 NAME	HENDERSON, LAURA
STREET ADDRESS	308 SOUTH RARENNA ST	5.3 STREET ADDRESS	308 SOUTH RAVENNA ST.
CITY-ST-ZIP	NOLOMIS FL 34275	5.4 CITY-ST-ZIP	NOLOMIS FL 34275
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HAHNKE, SANDRA	6.2 NAME	
STREET ADDRESS	8724 28TH ST, CIRCLE E	6.3 STREET ADDRESS	
CITY-ST-ZIP	PARRISH FL 34219	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

CR2E037 (11/98)