

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90255 001 ****61.25

DOCUMENT # N49842

1. Entity Name

THE ORLANDO CHAPTER OF THE GOSPEL MUSIC
WORKSHOP OF AMERICA, INC.



Principal Place of Business

3242 W. CHURCH ST.
ORLANDO FL 32805
US

Mailing Address

3242 W. CHURCH ST.
ORLANDO FL 32805
US

04055550



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3127180

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME KEMP, LINDA
STREET ADDRESS P.O. BOX 53 N/A
CITY-ST-ZIP OAKLAND FL 34760

TITLE ☐ Delete
NAME SD
NAME MIKE, ROGER
STREET ADDRESS 1701 LEE RD APT 515 R
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Delete
NAME AAD
NAME CANTINE, ADRIENNE
STREET ADDRESS 112 ESSEX AVENUE #35A
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☒ Delete
NAME D
NAME DORSEY, BEULAH
STREET ADDRESS 3426 PIPES O THE GLEN WY
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Delete
NAME BMGR
NAME WHITE, III, ERNEST
STREET ADDRESS 1844 DOC LK CIR.
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rutha B. White - Rutha B. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 (407)295-4648

Date

Daytime Phone #