

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746280

Entity Name: GLORIA MUSICAE, INC.**Current Principal Place of Business:**BOX 52987
SARASOTA, FL 34232**Current Mailing Address:**BOX 52987
SARASOTA, FL 34232 US**FEI Number:** 59-1913814**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPOTTSWOOD, MARY LOU TREASURER
611 HARBOR SHORE DRIVE
NOKOMIS, FL 34275 US*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.***SIGNATURE:** MARY LOU SPOTTSWOOD

01/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name SPOTTSWOOD, MARY LOU
Address 611 HARBOR SHORE DR
City-State-Zip: NOKOMIS FL 34275

Title SECRETARY
Name BRINKER, SANDRA
Address 8750 GREY OAKS AVENUE
City-State-Zip: SARASOTA FL 34238

Title PRESIDENT
Name KIMBELL, WILLIAM
Address 380 GULF OF MEXICO DRIVE
 #512
City-State-Zip: LONGBOAT KEY FL 34228

Title EX OFFICIO
Name JOSEPH HOLT
Address 1694 PROSPECT ST
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR
Name AYERS, MARY JANE
Address 8494 CYPRESS HOLLOW DRIVE
City-State-Zip: SARASOTA FL 34238

Title EX OFFICIO
Name EXECUTIVE DIRECTOR
Address P.O. BOX 52987
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name STOBAUGH, ROBERT
Address 11014 BIG BASS PLACE
City-State-Zip: BRADENTON FL 34212

Title DIRECTOR
Name RICEBERG, RONNIE
Address 10229 EASTWOOD DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34211

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARYLOU SPOTTSWOOD

TREASURER

01/30/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MOE, ANN
Address 1111 N. GULFSTREAM AVE. # 1-C
City-State-Zip: SARASOTA FL 34236

Title EX OFFICIO
Name GREENE, SHARON
Address 6167 PALOMINO CIRCLE
City-State-Zip: UNIVERSITY PARK FL 34201

Title DIRECTOR
Name HAMAD, RENEE
Address 1753 NORTH DR
City-State-Zip: SARASOTA FL 34239