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FILED

Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740741 (4)

1. Corporation Name

WEDNESDAY MUSIC CLUB OF ORLANDO AND WINTER PARK,
INC.

Principal Place of Business

Mailing Address

3819 BRADLEY AVE
ORLANDO FL 32839
US3819 BRADLEY AVE
ORLANDO FL 32839-1410
US3. Date Incorporated or Qualified
11/09/19773a. Date of Last Report
04/16/1996

4. FEI Number

59-6175949

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HONAKER, GLENITA
3819 BRADLEY AVE
ORLANDO FL 32839

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME PATRICK, SHIRLEY
STREET ADDRESS 4130 KINGSBRIDGE DR.
CITY-ST-ZIP ORLANDO FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE V ☒ DELETE
NAME KENNEY, DOLORES
STREET ADDRESS 1967 KIMBERWICKE CIRCLE
CITY-ST-ZIP OVIEDO FL2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Joan Bond
2.3 STREET ADDRESS 1104 W Beresford Ave
2.4 CITY-ST-ZIP Deland FL 32720TITLE V ☐ DELETE
NAME MACAW, LOIS
STREET ADDRESS 2343 FAWN PL
CITY-ST-ZIP ORLANDO FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME HONAKER, GLENITA
STREET ADDRESS 3819 BRADLEY AVE
CITY-ST-ZIP ORLANDO FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE AT ☐ DELETE
NAME BURKHALTER, VIRGINIA
STREET ADDRESS 2404 SEABREEZE CT.
CITY-ST-ZIP ORLANDO FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE S ☐ DELETE
NAME SMIKAL, ELROSE
STREET ADDRESS 100 E ANDERSON STE. 1002
CITY-ST-ZIP ORLANDO FL6.1 TITLE ☐ Change ☐ 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)(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: *Glenita Honaker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-97

407-851-3756

CR2E037 (9/96)