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Mar 20 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 # 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
US

3819 BRADLEY AVE
ORLANDO FL 32839
US

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

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/09/1977

4. FEI Number

59-6175949

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

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

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PATRICK, SHIRLEY	
STREET ADDRESS	4130 KINGSBRIDGE DR.	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOAN BOND	
STREET ADDRESS	1104 W BERESFORD AVE.	
CITY-ST-ZIP	DELAND FL	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MACAW, LOIS	
STREET ADDRESS	2343 FAWN PL	
CITY-ST-ZIP	ORLANDO FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HONAKER, GLENITA	
STREET ADDRESS	3819 BRADLEY AVE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	BURKHALTER, VIRGINIA	
STREET ADDRESS	2404 SEABREEZE CT.	
CITY-ST-ZIP	ORLANDO FL	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SMIKAL, ELROSE	
STREET ADDRESS	100 E ANDERSON STE. 1002	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Honaker, Glenita	
1.3 STREET ADDRESS	3819 Bradley Ave	
1.4 CITY-ST-ZIP	Orlando FL 32839	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robb, Marge	
3.3 STREET ADDRESS	2064 Ambergris Dr	
3.4 CITY-ST-ZIP	Orlando FL 32822	

4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Burhalter, Virginia	
4.3 STREET ADDRESS	2404 Seabreeze Ct	
4.4 CITY-ST-ZIP	Orlando, FL 32805	

5.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hall, Frances	
5.3 STREET ADDRESS	2406 Seabreeze Ct	
5.4 CITY-ST-ZIP	Orlando FL 32805	

6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Tarman, Jo Ellen	
6.3 STREET ADDRESS	1614 Rose Garden Ln	
6.4 CITY-ST-ZIP	Orlando, FL 32825	

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.

SIGNATURE: Glenita R Honaker / Glenita R Honaker 1-15-98 407-851-3226

CR2E037 (10/97)

D
Simpson, Elaine
5133 St Germain Dr
Orlando, FL 32812

D
Patrick, Shirley
4130 Kingsbridge Dr
Orlando, FL 32839