

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90163 037 \*\*\*\*61.25

0018452

**DOCUMENT # 740741**

1. Corporation Name

**WEDNESDAY MUSIC CLUB OF ORLANDO AND WINTER PARK, INC.**

Principal Place of Business

3819 BRADLEY AVE  
ORLANDO FL 32839  
US

Mailing Address

3819 BRADLEY AVE  
ORLANDO FL 32839  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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

9. Name and Address of Current Registered Agent

**HONAKER, GLENITA**  
3819 BRADLEY AVE  
ORLANDO FL 32839

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

*Glenita R. Honaker* **GLENITA R. HONAKER**

2-10-99

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 **P** ☐ DELETE

NAME **HONAKER, GLENITA**  
STREET ADDRESS **3819 BRADLEY AVE**  
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **D** ☐ DELETE

NAME **JOAN BOND**  
STREET ADDRESS **1104 W BERESFORD AVE.**  
CITY-ST-ZIP **DELAND FL**

TITLE **V** ☒ DELETE

NAME **ROBB, MARGE**  
STREET ADDRESS **2064 AMBERGRIS DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **T** ☒ DELETE

NAME **BURHALTER, VIRGINIA**  
STREET ADDRESS **2404 SEABREEZE CT**  
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **AT** ☐ DELETE

NAME **HALL, FRANCES**  
STREET ADDRESS **2406 SEABREEZE CT**  
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **S** ☒ DELETE

NAME **JARMAN, JO ELLEN**  
STREET ADDRESS **1614 ROSE GARDEN LANE**  
CITY-ST-ZIP **ORLANDO FL 32825**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**HOLBERT, DOROTHY**  
**125 N. ADAMS AVE.**  
**DELAND, FL. 32724**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**JARMAN, JO ELLEN**  
**1614 ROSE GARDEN LN**  
**ORLANDO, FL 32825**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**FOLLOWELL, SHIRLEY**  
**1717 E. KALEY AVE.**  
**ORLANDO, FL 32806**

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.

SIGNATURE:

*Glenita R. Honaker* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GLENITA R. HONAKER**

2-10-99 407-851-3756

Date

Daytime Phone #

CR2E037 (1/98)