

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

07-06-2004 90117 043 **** 61.25

740741

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL -9 PM 3:17

DOCUMENT # 740741 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-6175949	
5. Certificate of Status Desired ☐				Applied For ☐	
6. Name and Address of Current Registered Agent HONAKER, GLENITA 3819 BRADLEY AVE ORLANDO, FL 32839				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing Trust Fund Contribution. ☐	
Filing Fee is \$61.25 Due by September 8, 2004				\$5.00 May Be Added to Fees	
SIGNATURE: <u>Glenita R Honaker</u>				DATE: <u>7-2-04</u>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOKE, RICHARD 1137 CLIMBING ROSE DR ORLANDO, FL 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joan Bond 1104 W Beresford Ave Deland FL 32720		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOKE, REBECCA 1137 CLIMBING ROSE DR ORLANDO, FL 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres Elizabeth Wramcher 2630 Amsden Rd Winter Park FL 32792		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOND, JOAN 1104 W BERESFORD AVE DELAND, FL 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Frances Hall 2406 Seabreeze Ct Orlando, FL 32805		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HONAKER, GLENITA 3819 BRADLEY AVE ORLANDO, FL 32839	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Elaine Simpson 5133 St Germain Dr Orlando, FL 32812		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SIMPSON, ELAINE 5133 ST GERMAIN DR ORLANDO, FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Elaine Simpson 5133 St Germain Dr Orlando, FL 32812		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, SHIRLEY 4130 KINGSBRIDGE DR ORLANDO, FL 32839	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Elaine Simpson 5133 St Germain Dr Orlando, FL 32812		
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: <u>Glenita R Honaker</u>				DATE: <u>7-2-04</u>	

7/9/04