


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90044 034 \*\*\*\*61.25

<b>DOCUMENT # 740741</b> 1. Entity Name <b>WEDNESDAY MUSIC CLUB OF ORLANDO AND WINTER PARK, INC.</b>																																																																																																																																																																																					
Principal Place of Business <b>3819 BRADLEY AVE ORLANDO, FL 32839 US</b>			Mailing Address <b>3819 BRADLEY AVE ORLANDO, FL 32839 US</b>																																																																																																																																																																																		
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City & State		City & State																																																																																																																																																																																			
Zip	Country	Zip	Country	4. FEI Number <b>59-6175949</b>																																																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																																																	
6. Name and Address of Current Registered Agent  <b>HONAKER, GLENITA 3819 BRADLEY AVE ORLANDO, FL 32839</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																																																																	
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.																																																																																																																																																																																					
SIGNATURE <u>Glenita R. Honaker</u> <u>Glenita R Honaker</u> <u>Mar 22, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																																																					
<b>Filing Fee is \$81.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																																																																	
<b>Make check payable to Florida Department of State</b>																																																																																																																																																																																					
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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.																																																																																																																																																																																					
<b>SIGNATURE:</b> <u>Glenita R. Honaker</u> <u>Glenita R Honaker</u> <u>407-8513756</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																																																					