

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90115 036 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-6175949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **WRANCHER, ELIZABETH**
STREET ADDRESS **2630 AMSDEN RD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **LOONEY, MARK K**
STREET ADDRESS **1407 CT ST**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **WANG, SHIRLEY**
STREET ADDRESS **3226 HAWKS RIDGE**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **T** ☒ Change ☐ Addition
NAME **Glenita R. Honaker**
STREET ADDRESS **3819 Bradley Ave.**
CITY-ST-ZIP **Orlando, FL 32839**

TITLE **D** ☐ Delete
NAME **SIMPSON, ELAINE**
STREET ADDRESS **5133 ST GERMAIN DR**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PATRICK, SHIRLEY**
STREET ADDRESS **4130 KINGSBRIDGE DR**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Glenita R. Honaker*

3-21-06

407-851-3756