


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**

07-17-2008 90061 002 \*\*\*\*61.25

<b>DOCUMENT # 740741</b> 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 - No P.O. Box # 1473 MONTCALM ST.		3. Mailing Address 1473 MONTCALM ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State ORLANDO FL			
Zip 32806	Country ORANGE	Zip 32806	Country ORANGE		
4. FEI Number 59-6175949				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 <u>BONNIE L. HINELY</u> Street Address (P.O. Box Number is Not Acceptable) <u>1473 Montcalm St</u> City <u>ORLANDO, FL</u> <u>FL</u> Zip Code <u>32806</u>		
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>Bonnie L. Hinely</u> DATE <u>3/12/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRANCHER, ELIZABETH 2630 AMSDEN RD WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Tres Edmiston, Rhonda 3130 Jan Dr Orlando FL 32806	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
P LOONEY, MARK K 1679 RUTLEDGE RD LONGWOOD, FL 32779			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
VP BOND, JOAN 1104 W BERESFORD AVE DELAND, FL 32720			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
S EDMISTON, RHONDA 3130 JAN DR ORLANDO, FL 32806			S Ginn, Farabee 830 W. Frankfort Ave Deland FL 32724		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
T HINELY, BONNIE 1473 MOUNTALM ST ORLANDO, FL 32806			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
D SIMPSON, ELAINE 5133 ST GERMAIN DR ORLANDO, FL 32812			D Shirley Patrick 4130 Kingsbridge Dr Orlando FL 32839		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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					
<b>SIGNATURE:</b> <u>Bonnie L. Hinely</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>3/12/08</u> <u>407-857-4214</u> <small>Date Daytime Phone #</small>	