

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746280 (7)

1. Corporation Name
GLORIA MUSICAE, INC.



Principal Place of Business: 104 SO PINEAPPLE AVE, SARASOTA FL 34236, US
Mailing Address: PO BOX 3863, SARASOTA FL 34236-8503, US

3. Date Incorporated or Qualified: 03/16/1979
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. ST. BONIFACE CHURCH	26.	59-1913814	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22. MIDNIGHT PASS RD	27.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23. SARASOTA, FL.	28.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	29.	30.
24. 34231	25. US		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEET, CAROLYN 924 S. CONRAD SARASOTA FL 34237	61. Name: ARDEN FOWLER 62. Street Address: 4244 MARINA CT. 63. 64. City: CORTEZ FL 85 Zip Code: 34215

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: ARDEN FOWLER (Signature, typed or printed name of registered agent and title if applicable)
Arden Fowler (NOTE: Registered Agent signature required when reinstating)
Apr. 23, 1996 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: T	NAME: PEET, CAROLYN	1.1 TITLE: TREAS.	1.2 NAME: BETHANY BROWN
STREET ADDRESS: 924 S. CONRAD	CITY-ST-ZIP: SARASOTA FL	1.3 STREET ADDRESS: 5755 GRANADA DR #1	1.4 CITY-ST-ZIP: SARASOTA FL 34231
TITLE: D	NAME: YOST, JOHN	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 2923 TANGLEWOOD WAY	CITY-ST-ZIP: SARASOTA FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: S	NAME: NASH, KATHERINE	3.1 TITLE: SECRETARY	3.2 NAME: MARILYN PARRY
STREET ADDRESS: 1535 2ND ST.	CITY-ST-ZIP: SARASOTA, FL 00000	3.3 STREET ADDRESS: 340 CANAL RD.	3.4 CITY-ST-ZIP: SARASOTA FL 34242
TITLE: P	NAME: GREENE, PAUL	4.1 TITLE: PRES. PRO TEM	4.2 NAME: MILTON FOWLER
STREET ADDRESS: 2836 PINECREST WAY	CITY-ST-ZIP: SARASOTA FL	4.3 STREET ADDRESS: 4244 MARINA CT.	4.4 CITY-ST-ZIP: CORTEZ FL 34215
TITLE: D	NAME: GERSHFELD, YELENA	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 8461 GARDENS CR. APT. 10	CITY-ST-ZIP: SARASOTA FL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: VP	NAME: MURPHY, FAY	6.1 TITLE: VICE PRES	6.2 NAME: ARDEN FOWLER
STREET ADDRESS: 823 OAK DR.	CITY-ST-ZIP: BRADENTON FL	6.3 STREET ADDRESS: 4244 MARINA CT	6.4 CITY-ST-ZIP: CORTEZ FL 34215

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Milton Fowler (Signature, typed or printed name of signing officer or director)
Milton Fowler
4/23/96 (Date)
941-794-5345 (Daytime Phone #)

CR2E037 (12/95)