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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: ST BONIFACE CHURCH, MIDNIGHT PASS RD., SARASOTA FL 34231 US
Mailing Address: PO BOX 3863, SARASOTA FL 34230-3863 US

3. Date Incorporated or Qualified: 03/16/1979
3a. Date of Last Report: 04/28/1996
4. FEI Number: 59-1913814
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: PEET, CAROLYN, 924 S. CONRAD, SARASOTA FL 34237

10. Name and Address of New Registered Agent: Julie G. Magenheim, 3226 N. Seclusion Drive, Sarasota, FL 34239

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 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: JULIE G. MAGENHEIM, Julie G Magenheim, 4/18/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN J2	
T BETHANY BROWN, 5755 GRANADA DR 1, SARASOTA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: BETTE KATTMAN (PRESIDENT), 570 BIRDIE LANE, LONGBOAT KEY, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D YOST, JOHN, 2923 TANGLEWOOD WAY, SARASOTA FL	<input type="checkbox"/> DELETE	2.1 TITLE: VP, 2.2 NAME: BERNARD HAHNKE, 2.3 STREET ADDRESS: 8724 28 ST. CIRCLE EAST, 2.4 CITY-ST-ZIP: PARRISH, FL 34219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S MARILYN PARRY, 340 CANAL RD, SARASOTA FL	<input type="checkbox"/> DELETE	3.1 TITLE: D, 3.2 NAME: Gene Schram, 3.3 STREET ADDRESS: 5701 Midnight Pass Rd, 3.4 CITY-ST-ZIP: Sarasota, FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P MILTON FOWLER, 4244 MARINA CT, CORTEZ FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: T, 4.2 NAME: Julie G Magenheim, 4.3 STREET ADDRESS: 3226 N. Seclusion Drive, 4.4 CITY-ST-ZIP: Sarasota, FL 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D GERSHFELD, YELENA, 8461 GARDENS CR. APT. 10, SARASOTA FL	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ARDEN FOWLER, 4244 MANIA CT., CORTEZ FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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: Julie G Magenheim, Julie G MAGENHEIM, 4/18/97, 941 927-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062855

CR2E037 (9/96)