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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

T	BETHANY BROWN	5755 GRANADA DR 1	SARASOTA FL	<input checked="" type="checkbox"/> DELETE
D	YOST, JOHN	2923 TANGLEWOOD WAY	SARASOTA FL	<input type="checkbox"/> DELETE
S	MARILYN PARRY	340 CANAL RD	SARASOTA FL	<input type="checkbox"/> DELETE
P	MILTON FOWLER	4244 MARINA CT	CORTEZ FL	<input checked="" type="checkbox"/> DELETE
D	GERSHFELD, YELENA	8461 GARDENS CR. APT. 10	SARASOTA FL	<input type="checkbox"/> DELETE
D	ARDEN FOWLER	4244 MANIA CT.	CORTEZ FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	BETTE KATTMAN (PRESIDENT)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	570 BIRDIE LANE	
1.3 STREET ADDRESS	LONGBOAT KEY, FL 34228	
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BERNARD HAHNKE	
2.3 STREET ADDRESS	8724 28 ST. CIRCLE EAST	
2.4 CITY-ST-ZIP	PARRISH, FL 34219	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gene Schram	
3.3 STREET ADDRESS	5701 Midnight Pass Rd	
3.4 CITY-ST-ZIP	Sarasota FL 34242	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Julie G Magenheim	
4.3 STREET ADDRESS	3226 N. Seclusion Drive	
4.4 CITY-ST-ZIP	Sarasota FL 34239	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)