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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34236-8503 US
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3. Date Incorporated or Qualified
03/16/1979

4. FEI Number
59-1913814

Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MAGENHEIM, JULIE G
3226 N. SECLUSION DRIVE
SARASOTA FL 34239**

10. Name and Address of New Registered Agent

81 Name **Julie G Magenheim**

82 Street Address (P.O. Box Number is Not Acceptable)
7745 Fairway Woods Drive

83

84 City **Sarasota** FL 85 Zip Code **34238**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATTMAN, BETTE	1.2 NAME	Kattmann, Bette
STREET ADDRESS	570 BIRDIE LANE	1.3 STREET ADDRESS	3761 PRAIRIE DUNES DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	SARASOTA FL 34238
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOST, JOHN	2.2 NAME	Hahnke, Bernard
STREET ADDRESS	2923 TANGLEWOOD WAY	2.3 STREET ADDRESS	8724 28th St. Circle E.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	PARRISH, FL 34219
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYN PARRY	3.2 NAME	Parry, Marilyn
STREET ADDRESS	340 CANAL RD	3.3 STREET ADDRESS	340 Canal Rd
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA FL 34242
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	I <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGENHEIM, JULIE G	4.2 NAME	Magenheim, Julie G
STREET ADDRESS	3226 N. SECLUSION DRIVE	4.3 STREET ADDRESS	7745 Fairway Woods Drive
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA FL 34238
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERSHFELD, YELENA	5.2 NAME	Henderson, Laura
STREET ADDRESS	8461 GARDENS CR. APT. 10	5.3 STREET ADDRESS	308 South Pareanna St.
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHRAM, GENE	6.2 NAME	Hahnke, Sandra
STREET ADDRESS	8701 MIDNIGHT PASS RD	6.3 STREET ADDRESS	8724 28th St. Circle E.
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	PARRISH, FL 34219

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 RECORDED: MAGENHEIM 01/21/98 941-927-8900

CR2E037 (10/97)