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Feb 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746280

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/16/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1913814
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MAGENHEIM, JULIE G 7745 FAIRWAY WOODS DR SARASOTA FL 34238		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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: *Julie G. Magenheim* DATE: 01/25/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATTMAN, BETTE	1.2 NAME	FOWLER, TONY
STREET ADDRESS	3761 PRAIRIE DUNES DR	1.3 STREET ADDRESS	4244 Marina Court
CITY-ST-ZIP	SARASOTA FL 34238	1.4 CITY-ST-ZIP	Corte3, FL 34215
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHNKE, BERNARD	2.2 NAME	
STREET ADDRESS	8724 28TH ST, CIRCLE E	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARRISH FL 34219	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARRY, MARILYN	3.2 NAME	
STREET ADDRESS	340 CANAL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGENHEIM, JULIE G	4.2 NAME	
STREET ADDRESS	7745 FAIRWAY WOODS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERSON, LAURA	5.2 NAME	HENDERSON, LAURA
STREET ADDRESS	308 SOUTH RARENNA ST	5.3 STREET ADDRESS	308 SOUTH RAVENNA ST.
CITY-ST-ZIP	NOLOMIS FL 34275	5.4 CITY-ST-ZIP	NOLOMIS FL 34275
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHNKE, SANDRA	6.2 NAME	
STREET ADDRESS	8724 28TH ST, CIRCLE E	6.3 STREET ADDRESS	
CITY-ST-ZIP	PARRISH FL 34219	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

CR2E037 (1/198)