

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2005
Secretary of State

DOCUMENT# 746280

Entity Name: GLORIA MUSICAE, INC.

Current Principal Place of Business:

ST BONIFACE CHURCH
MIDNIGHT PASS RD.
SARASOTA, FL 34242 US

New Principal Place of Business:

ST BONIFACE CHURCH
1516 MIDNIGHT PASS RD.
SARASOTA, FL 34242 US

Current Mailing Address:

PO BOX 3863
SARASOTA, FL 342303863 US

New Mailing Address:

FEI Number: 59-1913814 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAHNKE, BERNARD S
8724 28TH ST CIR E
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FOWLER, TONY
Address: 4244 MARINA CT
City-St-Zip: CORTEZ, FL 34215

Title: ED () Delete
Name: HAHNKE, BERNARD
Address: 8724 28TH ST CIRCLE E
City-St-Zip: PARRISH, FL 34219

Title: DS () Delete
Name: KATTMANN, BETTE
Address: 2306 HARRIER WAY
City-St-Zip: NOKOMIS, FL 34275

Title: DP () Delete
Name: BRATTON, KAREN
Address: 1687 LANDINGS LANE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: FOWLER, ARDEN
Address: 4244 MARINA COURT
City-St-Zip: CORTEZ, FL 34215

Title: D () Delete
Name: HAHNKE, SANDRA
Address: 8724 28TH ST, CIRCLE E
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: GARVIN, ROBERT
Address: 1310 WESTWAY DR
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD S HAHNKE

ED

06/23/2005

Electronic Signature of Signing Officer or Director

_____ Date