

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 746280

Entity Name: GLORIA MUSICAE, INC.

Current Principal Place of Business:

CHURCH OF THE REDEEMER
222 SOUTH PALM AVENUE
SARASOTA, FL 34236 US

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

JONES, IRWIN E
1505 PELICAN POINT DRIVE
BA271
SARASOTA, FL 34231 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: V/D () Delete
Name: FOWLER, TONY
Address: 4244 MARINA CT
City-St-Zip: CORTEZ, FL 34215 US

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

Title: D () Delete
Name: MESKEY, JOHN
Address: 8877 WILD DUNES DRIVE
City-St-Zip: SARASOTA, FL 34241 US

Title: P/D () Delete
Name: GARVIN, ROBERT
Address: 1310 WESTWAY DR
City-St-Zip: SARASOTA, FL 34236 US

Title: T/D () Delete
Name: JONES, IRWIN
Address: 1505 PELICAN POINT DRIVE BA271
City-St-Zip: SARASOTA, FL 34231 US

Title: ED/D () Delete
Name: LEBELL, JUNE
Address: 4709 COUNTRY MANOR DRIVE
City-St-Zip: SARASOTA, FL 34233 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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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 exemption stated in Chapter 119, 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: IRWIN E. JONES

T/D

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date