

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90325 021 ****61.25

DOCUMENT # N49842

1. Entity Name

**THE ORLANDO CHAPTER OF THE GOSPEL MUSIC WORKSHOP
 OF AMERICA, INC.**

Principal Place of Business

Mailing Address

**3242 W. CHURCH ST.
 ORLANDO FL 32805
 US**

**3242 W. CHURCH ST.
 ORLANDO FL 32805
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3127180**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, RUTHA B.
 3242 W CHURCH ST
 ORLANDO FL 32805**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
 NAME **KEMP, LINDA**
 STREET ADDRESS **P.O. BOX 53 N/A**
 CITY-ST-ZIP **OAKLAND FL 34760**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **WESLEY, DEBBYE**
 STREET ADDRESS **604 S NORTHLAKE BLVD #69**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☒ Change ☐ Addition
 NAME **Mike, Roger**
 STREET ADDRESS **1701 Lee Rd - Apt 515 R**
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **AAD** ☐ Delete
 NAME **CANTINE, ADRIENNE**
 STREET ADDRESS **112 ESSEX AVENUE #35A**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DORSEY, BEULAH**
 STREET ADDRESS **3426 PIPES O THE GLEN WY**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rutha B. White* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02 (407)295-4648

Date

Daytime Phone #

CR2E037 (9/01)