

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005447 (7)

1. Corporation Name

SANFORD/CENTRAL FLORIDA INTERDENOMINATIONAL MUSI
CIANS' GUILD, INC.



Principal Place of Business

P.O. BOX 342
SANFORD FL 32772-0342

Mailing Address

P.O. BOX 342
SANFORD FL 32772-0342

3. Date Incorporated or Qualified
11/02/1994

3a. Date of Last Report
09/11/1995

2. Principal Place of Business

21. Same as above

2a. Mailing Address

26. Suite, Apt. #, etc.

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

Country

29. Zip

Country

4. FEI Number

59-3220438

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, CHARLES D
1832 VILLA DRIVE
DELTONA FL 32738

81. Name

None

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

83.

84. City

FL

85. Zip Code

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

Charles D. Jackson

(NOTE: Registered Agent signature required when reinstating)

3/21/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME JACKSON, CHARLES D.
STREET ADDRESS 1832 VILLA DRIVE
CITY-ST-ZIP DELTONA FL

TITLE VPD ☐ DELETE

NAME DE BOSE, MARY L.
STREET ADDRESS 1316 W 11TH ST
CITY-ST-ZIP SANFORD FL

TITLE TD ☐ DELETE

NAME STALLWORTH, SYLVIA
STREET ADDRESS P.O. BOX 551 N/A
CITY-ST-ZIP SANFORD FL

TITLE SD ☐ DELETE

NAME GEORGE, ELOISE W.
STREET ADDRESS 323 BORADA ST
CITY-ST-ZIP SANFORD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

None

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Charles D. Jackson

3/21/96

Date

Daytime Phone #

CR2E037 (12/95)