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Mar 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

P.O. BOX 342
SANFORD FL 32772-0342

P.O. BOX 342
SANFORD FL 32772-0342



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/02/1994

3a. Date of Last Report
03/28/1996

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

10. Name and Address of New Registered Agent

JACKSON, CHARLES D
1832 VILLA DRIVE
DELTONA FL 32738

81 Name

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

Charles D. Jackson

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE PD
1.2 NAME JACKSON, CHARLES D.
1.3 STREET ADDRESS 1832 VILLA DRIVE
1.4 CITY- ST- ZIP DELTONA FL
1.5 TITLE VPD
2.1 TITLE
2.2 NAME DE BOSE, MARY L.
2.3 STREET ADDRESS 1316 W 11TH ST
2.4 CITY- ST- ZIP SANFORD FL
2.5 TITLE TD
3.1 TITLE
3.2 NAME STALLWORTH, SYLVIA
3.3 STREET ADDRESS P.O. BOX 551 N/A
3.4 CITY- ST- ZIP SANFORD FL
3.5 TITLE SD
4.1 TITLE
4.2 NAME GEORGE, ELOISE W. -Dilligard, Eloise W.
4.3 STREET ADDRESS 323 BORADA ST
4.4 CITY- ST- ZIP SANFORD FL
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 included 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/97 (Charles D. Jackson)

Date

Daytime Phone: 0014654

CR2E037 (9/96)