

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90097 010 \*\*\*\*\*70.00

0016449

**DOCUMENT # N98000001356**

1. Entity Name

**THE TRUE HEART MUSIC CORPORATION**



Principal Place of Business

**2912 BLOOMING ALAMANDA LOOP  
KISSIMMEE FL 34747  
US**

Mailing Address

**PMB 172  
7862 W. IRLO BRONSON HWY.  
KISSIMMEE FL 34747  
US**

2. Principal Place of Business

**7904 Canary Palm Court**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Kissimmee, FL**

City & State

4. FEI Number **59-3504033**

Applied For

Not Applicable

Zip **34747** Country **US**

Zip Country

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

**LONGLEY-WEBBER, SHARON  
2912 BLOOMING ALAMANDA LOOP  
KISSIMMEE FL 34747**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Sharon Longley-Webber - corporate director*

*Sept. 8, 03*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **CASH, J L SR.**  
STREET ADDRESS **2912 BLOOMING ALAMANDA LOOP**  
CITY-ST-ZIP **KISSIMMEE FL 34747**

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

TITLE **SD** ☐ Delete  
NAME **WILSON, FELICIA**  
STREET ADDRESS **2912 BLOOMING ALAMANDA LOOP**  
CITY-ST-ZIP **KISSIMMEE FL 34747**

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

TITLE **CD** ☐ Delete  
NAME **WEBER-LONGLEY, SHARON**  
STREET ADDRESS **2912 BLOOMING ALAMANDA LOOP**  
CITY-ST-ZIP **KISSIMMEE FL 34747**

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

TITLE **T** ☐ Delete  
NAME **CLARK, RONSHA**  
STREET ADDRESS **2912 BLOOMING ALAMANDA LOOP**  
CITY-ST-ZIP **KISSIMMEE FL 34747**

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

TITLE **CO** ☐ Delete  
NAME **WRIGHT, DARLEENA**  
STREET ADDRESS **2912 BLOOMING ALAMANDA LOOP**  
CITY-ST-ZIP **KISSIMMEE FL 34747**

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

TITLE **CO** ☐ Delete  
NAME **CASH, JEFFERY**  
STREET ADDRESS **2912 BLOOMING ALAMANDA LOOP**  
CITY-ST-ZIP **KISSIMMEE FL 34747**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)