

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746280

Entity Name: GLORIA MUSICAE, INC.

Current Principal Place of Business:

BOX 52987
SARASOTA, FL 34232

Current Mailing Address:

BOX 52987
SARASOTA, FL 34232 US

FEI Number: 59-1913814

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ-ALVAREZ, FRANCISCO
1694 PROSPECT STREET
SARASOTA, FL 34239 US

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: FRANCISCO MARTINEZ-ALVAREZ

02/24/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P/D, PRESIDENT
Name CHAUNCEY, CHARLES
Address 9499 MILLBANK #2711
City-State-Zip: SARASOTA FL 34238

Title V/D, VP
Name MCKEE, DONALD C
Address 6808 AVENIDA MARBELLA
City-State-Zip: SARASOTA FL 34238

Title S/D, SECRETARY
Name BREITZIG, GLENN
Address 630 SAWGRASS BRIDGE
City-State-Zip: VENICE FL 34292

Title T/D, TREASURER
Name MARTINEZ-ALVAREZ, FRANCISCO
Address 1694 PROSPECT STREET
City-State-Zip: SARASOTA FL 34239

Title D, DIRECTOR
Name PERRET, CHARLOTTE
Address 707 S. GULFSTREAM AVENUE
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR
Name REDWINE, MICHELE D
Address PO BOX 20145
City-State-Zip: BRADENTON FL 34204

Title DIRECTOR
Name FOWLER, ARDEN
Address 6415 21ST AVE W
C-301
City-State-Zip: BRADENTON FL 34209

Title DIRECTOR
Name DILES, BARBARA
Address 8238 MIRAMAR WAY
City-State-Zip: LAKEWOOD RANCH FL 34202

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: FRANCISCO MARTINEZ-ALVAREZ

TREASURER

02/24/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SPOTTSWOOD, MARY LOU
Address 611 HARBOR SHORE DR
City-State-Zip: NOKOMIS FL 34275

Title DIRECTOR
Name WILK, ROBERT
Address 1702 LAUREL ST
City-State-Zip: SARASOTA FL 34236