

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:**

SPOTTSWOOD, MARY LOU TREASURER  
611 HARBOR SHORE DRIVE  
NOKOMIS, FL 34275 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:** MARY LOU SPOTTSWOOD

07/19/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title SECRETARY  
Name BRINKER, SANDRA  
Address 8750 GREY OAKS AVENUE  
City-State-Zip: SARASOTA FL 34238

Title PRESIDENT  
Name KIMBELL, WILLIAM  
Address 380 GULF OF MEXICO DRIVE  
#512  
City-State-Zip: LONGBOAT KEY FL 34228

Title DIRECTOR  
Name KNICKERBOCKER, ROBERT  
Address 7180 RUE DE PALISADES  
City-State-Zip: SARASOTA FL 34238

Title VP  
Name RICE, SCOTT  
Address 2040 ORIOLE DRIVE  
City-State-Zip: SARASOTA FL 34239

Title EX OFFICIO  
Name ARTISTIC DIRECGTOR  
Address P.O. BOX 52987  
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR  
Name BROWN, KAY LOU  
Address 4165 HEARTHSTONE DRIVE  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name AYERS, MARY JANE  
Address 8494 CYPRESS HOLLOW DRIVE  
City-State-Zip: SARASOTA FL 34238

**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:** SUSAN BURKE, EXECUTIVE DIRECTOR

EXECUTIVE DIRECTOR

07/19/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            EX OFFICIO  
Name            EXECUTIVE DIRECTOR  
Address        P.O. BOX 52987  
City-State-Zip: SARASOTA FL 34232