

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715826

FILED
Apr 29, 2005
Secretary of State

Entity Name: THE THEOSOPHICAL SOCIETY IN ORLANDO, INC.

Current Principal Place of Business:

1606 NEW YORK AVE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1606 NEW YORK AVE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DELAHUNT, WILLIAM
1606 NEW YORK AVENUE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DELAHUNT, WILLIAM
Address: 1606 NEW YORK AVENUE
City-St-Zip: ORLANDO, FL

Title: VPD () Delete
Name: BROWN, VICTOR
Address: 3213 THISTLE HILL DR
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: TAYLOR, CAROLYN
Address: 3213 THISTLE HILL DR.
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: MALLOY, JAMES
Address: 515 S. DELANEY AV. #612
City-St-Zip: ORLANDO, FL 32801

Title: SD () Delete
Name: GENTRY, WILMA
Address: 3213 THISTLE HILL DR.
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: METZGER, CARL
Address: 1606 NEW YORK AVENUE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM DELAHUNT

P/D

04/29/2005

Electronic Signature of Signing Officer or Director

Date