2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715826

FILED Mar 14, 2008 Secretary of State

Entity Name: THE THEOSOPHICAL SOCIETY IN ORLANDO, INC.

Current Principal Place of Business:		New Principal Place of Business:	
	/ YORK AVE D, FL 32803		
Current Mailing Address:		New Mailing Address:	
	/ YORK AVE D, FL 32803		
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:
1606 NEW	IT, WILLIAM / YORK AVENUE D, FL 32803 US		
	named entity submits this statement for the pue of Florida.	urpose of changing its register	ed office or registered agent, or both,
SIGNATUR	RE:		
	Electronic Signature of Registered Ager	nt	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete DELAHUNT, WILLIAM 1606 NEW YORK AVENUE ORLANDO, FL 32803	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VPD () Delete BROWN, VICTOR 3213 THISTLE HILL DR WINTER PARK, FL 32792	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete TAYLOR, CAROLYN 3213 THISTLE HILL DR. WINTER PARK, FL 32792	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete BIERMAN, SCOTT 1606 NEW YORK AVE. ORLANDO, FL 32803	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	SD () Delete	Title: Name:	() Change () Addition
Name: Address: City-St-Zip:	GENTRY, WILMA 3213 THISTLE HILL DR. WINTER PARK, FL 32792	Address: City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 M. DELAHUNT P/D 03/14/2008