

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 735997 1. Entity Name SOUTH FLORIDA THEATRE ORGAN SOCIETY, INC.					
Principal Place of Business C/O GEORGE W. GERHART 1700 N.W. NORTH RIVER DRIVE #504 MIAMI FL 33125-2353			Mailing Address C/O GEORGE W. GERHART 1700 N.W. NORTH RIVER DRIVE #504 MIAMI FL 33125-2353		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1781372	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GERHART, GEORGE 1700 NW N. RIVER DR #504 MIAMI FL 33125				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD VASQUEZ-CRUZ, ALEX 265 REINETTE DR MIAMI FL 33166	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REISSNER, FREDERICK D 2840 S. OAKLAND FORREST DR #2402 FORT LAUDERDALE FL 33309	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GERHART, GEORGE W 1700 N.W. NORTH RIVER DRIVE #504 MIAMI FL 33125-2353	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOK, KERRY 479 NE 30TH ST #908 MIAMI FL 33137	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete		☐ Change ☐ Addition	



1st MOORE CR2E037 (10/05)

4. FEI Number **59-1781372**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE	PD	☐ Delete
NAME	VASQUEZ-CRUZ, ALEX	
STREET ADDRESS	265 REINETTE DR	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VPD	☐ Delete
NAME	REISSNER, FREDERICK D	
STREET ADDRESS	2840 S. OAKLAND FORREST DR #2402	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	TD	☐ Delete
NAME	GERHART, GEORGE W	
STREET ADDRESS	1700 N.W. NORTH RIVER DRIVE #504	
CITY-ST-ZIP	MIAMI FL 33125-2353	
TITLE	SD	☐ Delete
NAME	COOK, KERRY	
STREET ADDRESS	479 NE 30TH ST #908	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	_____	☐ Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	☐ Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	_____	☐ Change ☐ Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	☐ Change ☐ Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	☐ Change ☐ Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
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 exemptions contained in Section 119, 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 817, 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: *George W. Gerhart* TD George W. Gerhart 4-24-06 305/301-6678