2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 19 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749204

1. Entity Name
CENTRAL FLORIDA THEATRE ORGAN SOCIETY, INC

Principal Place of Business	Mailing Address
C/O DENNIS WERKMEISTER 3708 COLD CREEK DR VALRICO, FL 33594 US	C/O DENNIS WERKMEISTER 3708 COLD CREEK DR VALRICO, FL 33594 US

10142005 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
c/o Joseph Mayer	c/o Joseph Mayer
Suite, Apt. #, etc.: 12508 Wild Acres Rd.	Suite, Apt. #, etc.: 12508 Wild Acres Rd.
City & State: Largo, FL	City & State: Largo, FL
Zip: 33773 Country: US	Zip: 33773 Country: US

4. FEI Number: 59-1996319 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WERKMEISTER, DENNIS 3708 COLD CREEK DR VALRICO, FL 33594	Name: Joseph Mayer Street Address (P.O. Box Number is Not Acceptable): 12508 Wild Acres Road City: Largo FL Zip Code: 33773

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: Joseph Mayer Joseph W. Mayer 10/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2006, Fee will be $297.50

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 SHAFFER, CLIFFORD 6111 CORNELIA DR ORLANDO, FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD George Losinger 13852 Oakwood Lane Seminole, FL 33776	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ~~CARTER, JOHNNIE HUNE~~ 16908 CARLTON LAKE RD WIMAUMA, FL 33598	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carter, Johnnie June 00006078372O 10/19/05--01068--033 **245.00	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEIS, DIXIE 3168 GUILFORD DR NEW PORT RICHIE, FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Peter W. Shrive 8850 55th St. N. Pinellas Park, FL 33782-5145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WERKMEISTER, DENNIS 3708 COLD CREEK DR VALRICO, FL 33594	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Joseph Mayer 12508 Wild Acres Rd. Largo, FL 33773	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLEASON, RICHARD 2252 W VINA DEL MAR SAINT PETERSBURG, FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Thomas Hochn 1357 Irving Avenue Clearwater, FL 33756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~LEIS, DIXIE~~ 2800 COVE CAY DR #5 CLEARWATER, FL 33760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert Baker	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Mayer Joseph W. Mayer 10/17/05 727-~~739~~-535-3699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/27