


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

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90097 013 ****61.25

DOCUMENT # 749204
1. Entity Name
CENTRAL FLORIDA THEATRE ORGAN SOCIETY, INC



Principal Place of Business Mailing Address
C/O JOSEPH MAYER 12508 WILD ACRES RD. LARGO FL 33773 US
C/O JOSEPH MAYER 12508 WILD ACRES RD. LARGO FL 33773 US



2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number **59-1996319** Applied For Not Applica

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**MAYER, JOSEPH
12508 WILD ACRES RD.
LARGO FL 33773**

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

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-electing) 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 <input type="checkbox"/> Delete	NAME SHAFFER, CLIFFORD STREET ADDRESS 6111 CORNELIA DR CITY-ST-ZIP ORLANDO FL 32807
TITLE PD <input type="checkbox"/> Delete	NAME CARTER, JOHNNIE JUNE STREET ADDRESS 16908 CARLTON LAKE RD CITY-ST-ZIP WIMAUMA FL 33598
TITLE SD <input type="checkbox"/> Delete	NAME LEIS, DIXIE STREET ADDRESS 3168 GUILFORD DR CITY-ST-ZIP NEW PORT RICHIE FL 34665
TITLE PD <input type="checkbox"/> Delete	NAME LOSINGER, GEORGE STREET ADDRESS 13852 OAKWOOD LANE CITY-ST-ZIP SEMINOLE FL 33776
TITLE D <input checked="" type="checkbox"/> Delete	NAME GLEASON, RICHARD STREET ADDRESS 2252 W VINA DEL MAR CITY-ST-ZIP SAINT PETERSBURG FL 33706
TITLE D <input checked="" type="checkbox"/> Delete	NAME BAKER, ROBERT STREET ADDRESS 2800 COVE CAY DR #5 CITY-ST-ZIP CLEARWATER FL 33760

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addi	NAME JOSEPH W. MAYER STREET ADDRESS 12508 WILD ACRES RD CITY-ST-ZIP LARGO, FL. 33773
TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addi	NAME CHARLES BENDER STREET ADDRESS 4812 JASPER DR #207 CITY-ST-ZIP NEW PORT RICHIE FL 34652
TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addi	NAME THOMAS HOEHN STREET ADDRESS 1357 IRVING AVE. CITY-ST-ZIP CLEARWATER, FL 33756
TITLE VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addi	NAME BOB LOGAN STREET ADDRESS 9207 BOLTON AVE # 10 CITY-ST-ZIP HUDSON, FL 34667
TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addi	NAME BILL SHRIVE STREET ADDRESS 8850 55TH ST. NW CITY-ST-ZIP PINELLAS PARK, FL 33782
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addi	

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 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 W. Mayer* *March 6, 2006*