


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90107 004 \*\*\*\*70.00

<b>DOCUMENT # 749204</b>	
1. Entity Name <b>CENTRAL FLORIDA THEATRE ORGAN SOCIETY, INC</b>	

Principal Place of Business <b>C/O JOSEPH MAYER 12508 WILD ACRES RD. LARGO, FL 33773 US</b>	Mailing Address <b>C/O JOSEPH MAYER 12508 WILD ACRES RD. LARGO, FL 33773 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01032007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1996319</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MAYER, JOSEPH 12508 WILD ACRES RD. LARGO, FL 33773</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	<b>SHAFFER, CLIFFORD</b>
STREET ADDRESS	<b>6111 CORNELIA DR</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32807</b>
TITLE	VPD <input checked="" type="checkbox"/> Delete
NAME	<b>CARTER, JOHNNIE JUNE</b>
STREET ADDRESS	<b>16908 CARLTON LAKE RD</b>
CITY-ST-ZIP	<b>WIMAUMA, FL 33598</b>
TITLE	SD <input type="checkbox"/> Delete
NAME	<b>LEIS, DIXIE</b>
STREET ADDRESS	<b>3168 GUILFORD DR</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34665</b>
TITLE	TD <input type="checkbox"/> Delete
NAME	<b>LOSINGER, GEORGE</b>
STREET ADDRESS	<b>13852 OAKWOOD LANE</b>
CITY-ST-ZIP	<b>SEMINOLE, FL 33776</b>
TITLE	TD <input type="checkbox"/> Delete
NAME	<b>MAYER, JOSPEH W</b>
STREET ADDRESS	<b>12508 WILD ACRES RD</b>
CITY-ST-ZIP	<b>LARGO, FL 33773</b>
TITLE	VPD <input checked="" type="checkbox"/> Delete
NAME	<b>LOGAN, BIB</b>
STREET ADDRESS	<b>9207 BOLTON AVE. #10</b>
CITY-ST-ZIP	<b>HUDSON, FL 34667</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOGAN BIB</b>
STREET ADDRESS	<b>6106 CONCORDIA AVE</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>
TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHAFFER, CLIFFORD</b>
STREET ADDRESS	<b>6111 CORNELIA DR.</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32807</b>
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BENDER CHARLES</b>
STREET ADDRESS	<b>4812 JASPER DR #207</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34652</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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 **JOSEPH W. MAYER** 1/17/07 727-535-3699  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #