


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90031 044 ****70.00

DOCUMENT # 749204			
1. Entity Name CENTRAL FLORIDA THEATRE ORGAN SOCIETY, INC			
Principal Place of Business C/O JOSEPH MAYER 12508 WILD ACRES RD. LARGO, FL 33773 US		Mailing Address C/O JOSEPH MAYER 12508 WILD ACRES RD. LARGO, FL 33773 US	
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
		01052008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1996319		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAYER, JOSEPH 12508 WILD ACRES RD. LARGO, FL 33773		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 reinstating) _____ DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 LOGAN, BOB 6106 CONCORDIA AVE NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAFFER, CLIFFORD 6111 CORNELIA DR ORLANDO, FL 32807 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHAFFER, CLIFFORD 6111 CORNELIA DR ORLANDO, FL 32807 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOGAN, BOB 6106 CONCORDIA AVE NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEIS, DIXIE 3168 GUILFORD DR NEW PORT RICHEY, FL 34665 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OTTERTSON PETT, ELWIS 1120 PELICAN PLACE SAFETY HARBOR, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOSINGER, GEORGE 13852 OAKWOOD LANE SEMINOLE, FL 33776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAYER, JOSPEH W 12508 WILD ACRES RD LARGO, FL 33773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES, BENDER 4812 JASPER DR #207 NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Joseph W. Mayer</u>		Date: <u>1/08/08</u> Daytime Phone #: <u>727-535-3699</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			