

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749204

FILED
Jan 06, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA THEATRE ORGAN SOCIETY, INC

Current Principal Place of Business:

C/O JOSEPH MAYER
12508 WILD ACRES RD.
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

C/O JOSEPH MAYER
12508 WILD ACRES RD.
LARGO, FL 33773 US

New Mailing Address:

FEI Number: 59-1996319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYER, JOSEPH
12508 WILD ACRES RD.
LARGO, FL 33773 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAFFER, CLIFFORD
Address: 6111 CORNELIA DR
City-St-Zip: ORLANDO, FL 32807

Title: VPD () Delete
Name: LOGAN, BOB
Address: 6166 CONCORDIA AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD () Delete
Name: OTTERSON-PETT, ELOISE
Address: 1120 PELICAN PL
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD () Delete
Name: LOSINGER, GEORGE
Address: 13852 OAKWOOD LANE
City-St-Zip: SEMINOLE, FL 33776

Title: TD () Delete
Name: MAYER, JOSEPH W
Address: 12508 WILD ACRES RD
City-St-Zip: LARGO, FL 33773

Title: D () Delete
Name: CHARLES, BENDER
Address: 4812 JASPER DR #207
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHAFFER, CLIFFORD
Address: 6111 CORNELIA DR
City-St-Zip: ORLANDO, FL 32807

Title: VPD (X) Change () Addition
Name: SHRIVE, BILL
Address: 8850 55TH STREET NO.
City-St-Zip: PINELLAS PARK, FL 33782 51

Title: SD (X) Change () Addition
Name: OTTERSON-PETT, ELOISE R
Address: 1120 PELICAN PL
City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GARY, BLAIS R
Address: 1142 BLUEFIELD AVENUE
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH W. MAYER

TREA

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date