


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 750360</b>		
1. Entity Name NATIONAL ASSOCIATION OF THEATRE OWNERS OF FLORIDA, INC.		
Principal Place of Business 1798 S. WOODLAND BLVD. DELAND, FL 32720 US	Mailing Address PO BOX 2076 DELAND, FL 32721	



04012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6152256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  DEMARSH, CHESTER C 1798 S. WOODLAND BLVD. DELAND, FL 32720
---

**DO NOT WRITE  
IN THIS SPACE**

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  Chester C. DeMarsh 4/1/08  
(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. ☐ \$5.00 May Be  
Added to Fees

000000881755

04/16/08-80013-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEMASH, WILLIAM F 1798 S. WOODLAND BLVD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KURRUS, ROB 1800 WHIBISCIS BLVD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALLOU, RACHEL Y LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANCO, CRAIG 1100 MAIN ST THE VILLAGES, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08  
Date

386-734-6830  
Daytime Phone #