

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750360

FILED  
Mar 17, 2009  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF THEATRE OWNERS OF FLORIDA, INC.

**Current Principal Place of Business:**

1798 S. WOODLAND BLVD.  
DELAND, FL 32720 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2076  
DELAND, FL 32721

**New Mailing Address:**

**FEI Number:** 59-6152256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEMARSH, CHESTER C  
1798 S. WOODLAND BLVD.  
DELAND, FL 32720 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: T ( ) Delete  
Name: DEMASH, WILLIAM F  
Address: 1798 S. WOODLAND BLVD  
City-St-Zip: DELAND, FL 32720

Title: P ( ) Delete  
Name: KURRUS, ROB  
Address: 1800 W HIBISCIS BLVD  
City-St-Zip: MELBOURNE, FL 32901

Title: S ( ) Delete  
Name: BALLOU, RACHEL  
Address: Y  
City-St-Zip: LADY LAKE, FL 32159

Title: VP ( ) Delete  
Name: FRANCO, CRAIG  
Address: 1100 MAIN ST  
City-St-Zip: THE VILLAGES, FL 32159

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: WILLIAM F. DEMARSH

T

03/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date