

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90234 042 ****61.25

DOCUMENT # N02000004879					
1. Entity Name ORLANDO REPERTORY THEATRE, A FLORIDA CORPORATION NOT FOR PROFIT					
Principal Place of Business 215 N EOLA DR ORLANDO, FL 32801			Mailing Address 215 N EOLA DR ORLANDO, FL 32801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEEKIN, JAMES F JR 215 N EOLA DR ORLANDO, FL 32801			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <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 D NAME ZIEGLER, RON STREET ADDRESS 1001 PRINCETON STREET CITY-ST-ZIP ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete		TITLE EXECUTIVE DIRECTOR NAME PAUL LARTONDOIX STREET ADDRESS 1001 E. PRINCETON STREET CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME CHRISTIANSEN, PATRICK STREET ADDRESS 1001 PRINCETON STREET CITY-ST-ZIP ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete		TITLE ASST CHAIR NAME ROSEANNA HARRINGTON STREET ADDRESS 1001 E PRINCETON STREET CITY-ST-ZIP ORLANDO FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME NICHOLSON, SONJA STREET ADDRESS 1001 PRINCETON STREET CITY-ST-ZIP ORLANDO, FL 32803	<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	<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	<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 exemption stated in Section 119.07(3)(i), 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:			PAUL LARTONDOIX EXEC DIRECTOR 2-17-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
SONJA NICHOLSON, DIRECTOR			Daytime Phone # 407-896-7365		