

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09139

FILED
Jun 01, 2004
Secretary of State

Entity Name: ORLANDO THEATRE PROJECT, INC.

Current Principal Place of Business:

100 WELDON BLVD
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

100 WELDON BLVD.
SANFORD, FL 32773 US

New Mailing Address:

FEI Number: 59-2557659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KLEIN, EUGENE
C/O UCF NEWS BUREAU
400 CENTRAL FLORIDA BLVD, ROOM 338J
ORLANDO, FL 32816 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: PFINGSTEN, CHRIS
Address: 2720 WRIGHT AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: VPD () Delete
Name: TRUELSEN, DOUG
Address: 673 SCARLET OAK CIRCLE, #103
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD () Delete
Name: NEFF, PATRICIA K
Address: 159 W. WILBUR AVE
City-St-Zip: LAKE MARY, FL 32746

Title: S () Delete
Name: KLEIN, EUGENE
Address: 3733 NORTH GIDDENROD ROAD, #709
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HERING, RUTH A
Address: 213 CROSSBILL COURT
City-St-Zip: ORLANDO, FL 32828 US

Title: VPD (X) Change () Addition
Name: BALLARD, ASHLEY D
Address: 673 SCARLET OAK CIRCLE, #103
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: TD (X) Change () Addition
Name: NEFF, PATRICIA K
Address: 159 W. WILBUR AVE
City-St-Zip: LAKE MARY, FL 32746 US

Title: S (X) Change () Addition
Name: KLEIN, EUGENE
Address: 1431 GLADIOLAS DR.
City-St-Zip: WINTER PARK, FL 32792 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RUTH A HERING

PD

06/01/2004

Electronic Signature of Signing Officer or Director

Date