


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N09139 1. Entity Name ORLANDO THEATRE PROJECT, INC.	
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Principal Place of Business 100 WELDON BLVD SANFORD, FL 32773 US	Mailing Address 100 WELDON BLVD. SANFORD, FL 32773 US
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DO NOT WRITE IN THIS SPACE

04232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2557659	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, EUGENE
C/O UCF NEWS BUREAU
400 CENTRAL FLORIDA BLVD, ROOM 338J
ORLANDO, FL 32816

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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 *E. Klein*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

23 Apr 05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERING, RUTH A 213 CROSSBILL COURT ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BALLARD, ASHLEY D 673 SCARLET OAK CIRCLE, #103 ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEFF, PATRICIA K 159 W. WILBUR AVE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLEIN, EUGENE 1431 GLADIOLAS DR. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/05-80096-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Patricia K. Neff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/05 407-328-2040
Date Daytime Phone #