

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90320 032 ****70.00

60025393



DOCUMENT # N23304 1. Entity Name ORLANDO AREA SCIENCE FICTION SOCIETY, INC.					
Principal Place of Business PO BOX 592905 ORLANDO, FL 32859-2905			Mailing Address PO BOX 592905 ORLANDO, FL 32859-2905		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2912666	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROGERS, JAMES C 1922 DIPOL CTWY TITUSVILLE, FL 32780			Name ROGER SIMS Street Address (P.O. Box Number is Not Acceptable) 7030 VILLA ESTELLE DRIVE City ORLANDO FL Zip Code 32819-5246		
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 <small>Signature typed or printed name of registered agent and title if applicable.</small>			DATE APRIL 8, 2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAHL, THERESE		NAME	PETER POPOVICH	
STREET ADDRESS	1922 DIPOL CTWY		STREET ADDRESS	2985 GRANDEVILLE CIR #301	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	ORLANDO, FL 32765	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JAMES C		NAME	ROGER SIMS	
STREET ADDRESS	1922 DIPOL CTWY		STREET ADDRESS	7030 VILLA ESTELLE DRIVE	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	ORLANDO, FL 32819-5246	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		
NAME	SIMS, PATRICIA		NAME		
STREET ADDRESS	7030 VILLA ESTELLE DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	WHEELER, PATRICIA		NAME		
STREET ADDRESS	8029 CITRON CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE APRIL 8, 2006 407-226-2127 <small>Daytime Phone #</small>		