

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90074 011 ****61.25

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

40038066



02062007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2912666

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMS, ROGER
7030 VILLA ESTELLE DR
ORLANDO, FL 32819-5246

7. Name and Address of New Registered Agent

Name Michael Pilletere

Street Address (P.O. Box Number is Not Acceptable)

3801 WREN LN

Orlando

City

FL

Zip Code

32803

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

Michael Pilletere

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-07

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME POPOVICH, PETER
STREET ADDRESS 2985 GRANDEVILLE CIR 301
CITY-ST-ZIP OVIEDO, FL 32765 ☒ Delete

TITLE TD
NAME SIMS, ROGER
STREET ADDRESS 7030 VILLA ESTELLE DR
CITY-ST-ZIP ORLANDO, FL 328195246 ☒ Delete

TITLE VD
NAME SIMS, PATRICIA
STREET ADDRESS 7030 VILLA ESTELLE DR
CITY-ST-ZIP ORLANDO, FL 32819 ☒ Delete

TITLE SD
NAME WHEELER, PATRICIA
STREET ADDRESS 8029 CITRON CT
CITY-ST-ZIP ORLANDO, FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Treasurer
NAME Michael Pilletere
STREET ADDRESS P.O. Box 592905
CITY-ST-ZIP Orlando, FL 32859-2905 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME
STREET ADDRESS P.O. Box 592905
CITY-ST-ZIP Orlando FL 32859-2905 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Michael Pilletere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-07

Date

407-928-7723

Daytime Phone #