

**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

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

02062007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2912666

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name **Michael Pillittere**

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 Pillittere

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Delete

TITLE TREASURER
NAME Michael Pillittere
STREET ADDRESS P.O. Box 592905
CITY-ST-ZIP Orlando, FL 32859-2905

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Delete

TITLE PD
NAME P.O. Box 592905
STREET ADDRESS Orlando, FL 32859-2905

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 Pillittere*

3-14-07

407-928-7723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #