2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N23304

Entity Name: ORLANDO AREA SCIENCE FICTION SOCIETY, INC.

Current Principal Place of Business:

PO BOX 592905
ORLANDO, FL 328592905

New Principal Place of Business:

3801 WREN LN
ORLANDO, FL 32803

Current Mailing Address:

PO BOX 592905
ORLANDO, FL 328592905

New Mailing Address:

FEI Number: 59-2912666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PILLETERE, MICHAEL
3801 WREN LN
ORLANDO, FL 32803 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: T ( ) Delete
Name: PILLETERE, MICHAEL
Address: P.O. BOX 592905
City-St-Zip: ORLANDO, FL 328592905

Title: PD ( ) Delete
Name: WHEELER, PATRICIA
Address: P.O. BOX 592905
City-St-Zip: ORLANDO, FL 328592905

Title: VP ( ) Delete
Name: O'BRIEN, COLLEEN
Address: POST OFFICE BOX 592905
City-St-Zip: ORLANDO, FL 328592905

Title: S ( ) Delete
Name: RUSSELL, PATTY
Address: POB 592905
City-St-Zip: ORLANDO, FL 328592905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: GRANT, STEVE
Address: POST OFFICE BOX 592905
City-St-Zip: ORLANDO, FL 328592905

Title: S (X) Change ( ) Addition
Name: COLE, SUSAN
Address: POB 592905
City-St-Zip: ORLANDO, FL 328592905

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL PILLETERE T 04/08/2009
Electronic Signature of Signing Officer or Director — Date