

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23304

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** ORLANDO AREA SCIENCE FICTION SOCIETY, INC.

**Current Principal Place of Business:**

3801 WREN LN  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 323  
GOLDENROD, FL 327330323 US

**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  
Name: PILLETERE, MICHAEL  
Address: PO BOX 323  
City-St-Zip: GOLDENROD, FL 327330323 US

Title: PD  
Name: WHEELER, PATRICIA  
Address: PO BOX 323  
City-St-Zip: GOLDENROD, FL 327330323 US

Title: VP  
Name: GRANT, STEVE  
Address: PO BOX 323  
City-St-Zip: GOLDENROD, FL 327330323 US

Title: S  
Name: COLE, SUSAN  
Address: PO BOX 323  
City-St-Zip: GOLDENROD, FL 327330323 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL PILLETERE

T

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date