FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN 25 PM
SECRETARY OF STATE
TALLAHASSEE, FL.

DO NOT WRITE IN THIS SPACE

DOCUMENT # N24166 (3)

1. Corporation Name

ORLANDO AREA THEATRE ORGAN SOCIETY, INC.

Principal Place of Business	Mailing Address
% 1316 PURITAN STREET DELTONA FL 32725	% 1316 PURITAN STREET DELTONA FL 32725

3. Date Incorporated or Qualified: 12/30/1987
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2914026 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TILSCHNER, WAYNE
549 KAREN AVENUE
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	TILSCHNER, WAYNE	1.2 NAME	
STREET ADDRESS	549 KAREN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMSON, LOIS M.	2.2 NAME	
STREET ADDRESS	14428 PEBBLE BEACH BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, WARREN	3.2 NAME	
STREET ADDRESS	5939 KENDREW	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT ORANGE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HENSING, HAZEL B	4.2 NAME	
STREET ADDRESS	16 COBBLESTONE WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	NORRIS, FRANK P.	5.2 NAME	
STREET ADDRESS	1316 PURITAN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	Vice President - Director ☒ Change ☐ Addition
NAME	BOWER, RONALD	6.2 NAME	XXXXXX Lewis, Leroy
STREET ADDRESS	105 WHIPPORWILL DR	6.3 STREET ADDRESS	1690 Gladiolas Dr.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	6.4 CITY-ST-ZIP	Winter Park, Fla. 32792

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank P. Norris, Treas. — Jan 17, 1995 — 407-574-1949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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