## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N24166 **DOCUMENT #** 

LEWIS, LEROY

1690 GLADIOLAS DR.

appears in Block 12 or Block 13 if changed, or on an

NAME

STREET ADDRESS

**SIGNATURE** 

(3)

ORLANDO AREA THEATRE ORGAN SOCIETY, INC.

Mailing Address Principal Place of Business % 1316 PURITAN STREET % 1316 PURITAN STREET **DELTONA FL 32725 DELTONA FL 32725** 3a. Date of Last Report 3. Date Incorporated or Qualified 01/25/1995 12/30/1987 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2914026 Not Applicable 26 16 Cobblestone Court 21 \$8.75 Additional <u>549 Karen Avenue</u> Suite, Apt. #, etc. 5. Certificate of Status Desired  $\Box$ Fee Required Suite, Apt. #, etc. 22 \$5.00 May Be 6. Election Campaign Financing City & State  $\Box$ City & State Added to Fees Trust Fund Contribution 28 Casselberry 8. This corporation has liability for intangible tax under s. 199.032, Springs Fl 23 Altamonte Country Yes 🔼 No Florida Statutes 32707 30 32701 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) R2 TILSCHNER, WAYNE **549 KAREN AVENUE** 83 ALTAMONTE SPRINGS FL 32701 Zip Code 85 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. 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 617.0503, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) CR2E037 (12/95) SIGNATURE Signature, typed or printed name of registured agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS ☐ Addition Change 12. DELETE 1.1 TIFLE ŊΡ TITLE 12 NAME TILSCHNER, WAYNE NAME 1.3 STREET ADDRESS 549 KAREN AVE STREET ADDRESS 1.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL Addition Change CITY-ST-ZIP DELETE 2.1 TITLE SD TITLE 2.2 NAME THOMSON, LOIS M. NAME 23 STREET ADDRESS 14428 PEBBLE BEACH BLVD STREET ADDRESS 2 4 CITY - ST - ZIP ORLANDO FL Change ☐ Addition CITY-ST-ZIP 3.1 TITLE DELETE n TITLE 3.2 NAME THOMAS, WARREN NAME 3 3 STREET ADDRESS 5939 KENDREW STREET ADDRESS 3 4. CITY - ST - ZIP PT ORANGE FL Change Addition CITY-ST-ZIP DELETE 4.1 TITLE HENSING, HAZEL B. 16 COBBLESTONE COURT TITLE 4 2 NAME HENSING, HAZEL B NAME 4.3 STREET ADDRESS 16 COBBLESTONE WAY STREET ADDRESS CASSELBERRY FL 4.4 CITY - ST - ZIP Addition CASSELBERRY FL ☐1 Change CITY-ST-ZIP **ELETE** 51 TITLE VPD TITLE BOWER, RON 5.2 NAME NORRIS, FRANK P. NAME 105 WHIPPERWILL DRIVE 5.3 STREET ADDRESS 1316 PURITAN ST. ALTAMONTE SPRINGS, FL STREET ADDRESS 5.4 CITY-ST-ZIP **DELTONA FL** Addition CITY-ST-ZIP DELETE 61 TITLE VPD TITLE LEWIS, LEROY 1690 GLADIOLAS DRIVE

62 NAME

14. Ido 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 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 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 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 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 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 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 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 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 under the same legal effect as if und 64 CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

WINTER PARK FL

4-23-96 Date

N24164

ORLANDO AREA THEATRE ORGAN SOCIETY, INC. 549 Karen Avenue Altamonte Springs FL 32701

FEI Number 59-2914026

COMPLETE LIST OF OFFICERS AND DIRECTORS AS OF MARCH 24, 1996

President/Director Tilschner, Wayne 549 Karen Avenue Altamonte Springs FL 32701

Vice President/Director Bower, Ron 105 Whipperwill Drive Altamonte Springs FL 32701

Secretary/Director Thomson, Lois M. 14428 Pebble Beach Blvd. Orlando FL 32826

Treasurer/Director Hensing, Hazel B. 16 Cobblestone Court Casselberry FL 32707 Director Cole, Susan L. 1211 Old Highway 441 Mount Dora FL 32757

Director Ferrar, Doris M. 115 Woodland Drive Leesburg FL 34788

Director Laval, Juliette M. 70 Lucerne Circle - #1002 Orlando FL 32801

Director Lewis, Leroy N. 1690 Gladiolas Drive Winter Park FL 32792

Director Thomas, Warren 5939 Kendrew Port Orange FL 32127