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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24166

1. Corporation Name

ORLANDO AREA THEATRE ORGAN SOCIETY, INC.

Principal Place of Business

549 KAREN AVENUE
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

16 COBBLESTONE COURT
CASSELBERRY FL 32707
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

3. Date Incorporated or Qualified

12/30/1987

4. FEI Number

59-2914026

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 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.

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

TITLE D ☐ DELETE

NAME TILSCHNER, WAYNE

STREET ADDRESS 549 KAREN AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FLTITLE SD ☐ DELETE

NAME FERRAR, DORIS B

STREET ADDRESS 115 WOODLAND DRIVE
CITY-ST-ZIP LEESBURG FLTITLE VPD ☐ DELETE

NAME THOMAS, WARREN

STREET ADDRESS 5939 KENDREW
CITY-ST-ZIP PT ORANGE FLTITLE TD ☐ DELETE

NAME HENSING, HAZEL B.

STREET ADDRESS 16 COBBLESTONE COURT
CITY-ST-ZIP CASSELBERRY FLTITLE PD ☐ DELETE

NAME BOWER, RON

STREET ADDRESS 105 WHIPPERWILL DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FLTITLE ☐ DELETE

NAME

STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Hensing, Treasurer

1-21-99 (407) 830-8548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (1/98)