



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90219 030 \*\*\*\*61.25

<b>DOCUMENT # N24166</b> 1. Entity Name <b>ORLANDO AREA THEATRE ORGAN SOCIETY, INC.</b>					
Principal Place of Business <b>5939 KENDREW DRIVE</b> <b>PORT ORANGE, FL 32127 US</b>				Mailing Address <b>16 COBBLESTONE COURT</b> <b>CASSELBERRY, FL 32707-5410 US</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <b>217 BOSTON AVENUE</b> Suite, Apt. #, etc. <b>APT. #002</b> City & State <b>ALTAMONTE SPRINGS</b> Zip Country <b>32701 USA</b>		<b>50052005</b> 	
4. FEI Number <b>59-2914026</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>THOMAS, WARREN</b> <b>5939 KENDREW DRIVE</b> <b>PORT ORANGE, FL 32127</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>Make check payable to Florida Department of State</b> </div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUBOIS, PHIL</b> <b>P.O. BOX 49237</b> <b>SAINT PETERSBURG, FL 33743</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>FERRAR, DORIS B</b> <b>115 WOODLAND DRIVE</b> <b>LEESBURG, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>THOMAS, WARREN</b> <b>5939 KENDREW</b> <b>PORT ORANGE, FL 32127</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HENSING, HAZEL B.</b> <b>16 COBBLESTONE COURT</b> <b>CASSELBERRY, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> <b>COLE, SUSAN</b> <b>1211 OLD HIGHWAY 441</b> <b>MOUNT DORA, FL 32757</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALSH, CHRISTOPHER</b> <b>309 SPRING VALLEY ROAD</b> <b>ALTAMONTE SPRINGS, FL 32714</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Hazel B. Hensing</u> HAZEL B. HENSING, TREASURER</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>5-09-05</b>		Daytime Phone # <b>407-830-8548</b>	

ARTS ORGANIZATION

# N24166  
50052005-

ORLANDO AREA THEATRE ORGAN SOCIETY, INC.  
5939 Kendrew Drive  
Port Orange FL 32127-5887

FEI Number 59-2914026

COMPLETE LIST OF OFFICERS AND DIRECTORS AS OF  
MARCH 13, 2005

President/Director  
Thomas, Warren  
5939 Kendrew Drive  
Port Orange FL 32127-5887

Director  
Doyle, Jack  
1631 Fishermans Street  
Merritt Island FL 32952

Vice President/Director  
Cole-Shaw, Susan  
1211 Old Highway 441  
Mount Dora FL 32757

Director  
DuBois, Phil  
P. O. Box 49237  
St. Petersburg FL 33743

Treasurer/Director  
~~Ferrar, Doris~~  
115 Woodland Drive  
Leesburg FL 34788

Director  
~~Jeerings, Donald~~  
3456 Futch Road  
Plant City FL 33506

Treasurer/Director  
Hensing, Hazel B.  
217 Boston Avenue #002  
Altamonte Springs FL 32701

Director  
Steele, John  
5939 Kendrew Drive  
Port Orange FL 32127-5887

Director  
Walsh, Christoher  
309 Spring Valley  
Altamonte Springs FL32714