

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90124 011 ****61.25

DOCUMENT # N24166

1. Entity Name

ORLANDO AREA THEATRE ORGAN SOCIETY, INC.



Principal Place of Business

5939 KENDREW DRIVE
PORT ORANGE FL 32127
US

Mailing Address

217 BOSTON AVENUE APT 002
ALTAMONTE SPRINGS FL 32701
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

5939 KENDREW DR.
Suite, Apt. #, etc.

City & State

City & State

PORT ORANGE FL

Zip

Country

Zip

Country

32127

USA

4. FEI Number

59-2914026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, WARREN
5939 KENDREW DRIVE
PORT ORANGE FL 32127

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DUBOIS, PHIL	
STREET ADDRESS	P.O. BOX 49237	
CITY-ST-ZIP	SAINT PETERSBURG FL 33743	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FERRAR, DORIS B	
STREET ADDRESS	115 WOODLAND DRIVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMAS, WARREN	
STREET ADDRESS	5939 KENDREW	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HENSING, HAZEL B.	
STREET ADDRESS	16 COBBLESTONE COURT	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	COLE, SUSAN	
STREET ADDRESS	1211 OLD HIGHWAY 441	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALSH, CHRISTOPHER	
STREET ADDRESS	309 SPRING VALLEY ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE:

Warren Thomas

02/13/06 386-761-0592