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

APPROVED AND FILED

95 APR 28 PM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N28631** **(2)**

1. Corporation Name

NORTH FLORIDA CHAPTER AMERICAN THEATRE ORGAN SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O P. DIANNE MEADOWS 13001 CHAMELEON DRIVE JACKSONVILLE FL 32223	C/O P. DIANNE MEADOWS 13001 CHAMELEON DRIVE JACKSONVILLE FL 32223

3. Date Incorporated or Qualified: 09/30/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2970771 ☐ Applied For ☐ Not Applicable
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

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

9. Name and Address of Current Registered Agent

MEADOWS, P. DIANNE
13001 CHAMELEON DRIVE
JACKSONVILLE FL 32223

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	MORIN, WILLIAM C	1.2 NAME	STROBLE, GENE	
STREET ADDRESS	5717 SWAMP FOX ROAD	1.3 STREET ADDRESS	RTE, BOX 3360W	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	HILLIARD, FL 32046	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	LAWSON, JAMES L.	2.2 NAME		
STREET ADDRESS	ROUND LAKE RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	RENWICK, ERLE B. JR.	3.2 NAME		
STREET ADDRESS	10377 AUTUMN VALLEY RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	WALTERS, DAVID	4.2 NAME		
STREET ADDRESS	9201 OVIEDO ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	POUND, PATSY	5.2 NAME		
STREET ADDRESS	5449 STANFORD RD #D	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	MEADOWS, DIANNE	6.2 NAME		
STREET ADDRESS	13001 CHAMELEON DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: P. Dianne Meadows P. Dianne Meadows 4/25/95 904-268-8636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

002A08