

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N28631 (2)

1. Corporation Name

NORTH FLORIDA CHAPTER AMERICAN THEATRE ORGAN SOCIETY, INC.



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  
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2970771

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

25

Country

30

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEADOWS, P. DIANNE  
13001 CHAMELEON DRIVE  
JACKSONVILLE FL 32223

81 Name

82 Street Address (P.O. Box Not Allowed)

83

City

84

Zip Code

500001818305

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FL

85

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STROBLE, GENE	
STREET ADDRESS	RT 8 BOX 336W N/A	
CITY-ST-ZIP	HILLIARD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAWSON, JAMES L.	
STREET ADDRESS	ROUND LAKE RD	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RENWICK, ERLE B. JR.	
STREET ADDRESS	10377 AUTUMN VALLEY RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WALTERS, DAVID	
STREET ADDRESS	9201 OVIEDO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	POUND, PATSY	
STREET ADDRESS	5449 STANFORD RD #D	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MEADOWS, DIANNE	
STREET ADDRESS	13001 CHAMELEON DR	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	STROBLE, GENE	
13 STREET ADDRESS	Route 2, Box 336W	
14 CITY-ST-ZIP	Hilliard, FL 32046	
21 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	WALTERS, DAVID	
23 STREET ADDRESS	9201 Oviedo Road	
24 CITY-ST-ZIP	Jacksonville, FL 32221	
31 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	RENWICK, ERLE B. Jr.	
33 STREET ADDRESS	10377 Autumn Valley Rd.	
34 CITY-ST-ZIP	Jacksonville FL 32257	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	CLARKE, WALTER	
43 STREET ADDRESS	P.O. Box 47894	
44 CITY-ST-ZIP	Jacksonville, FL 32247	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	FRAMPTON, VERDIE	
53 STREET ADDRESS	8145 Hunters Grove Road	
54 CITY-ST-ZIP	Jacksonville, FL 32256	
61 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	MEADOWS, Dianne	
63 STREET ADDRESS	13001 Chameleon Drive	
64 CITY-ST-ZIP	Jacksonville, FL 32223	

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)(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 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  
Treasurer

4/17/96

904-268-5636

Date

Daytime Phone

CR2E037 (12/95)

5-1-96 OK