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FILED

May 08 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 32223C/O P. DIANNE MEADOWS  
13001 CHAMELEON DRIVE  
JACKSONVILLE FL 32223-1703

3. Date Incorporated or Qualified

09/30/1988

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 ERLE RENWICK

26 ERLE RENWICK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 10377 AUTUMN VALLEY ROAD

27 10377 AUTUMN VALLEY ROAD

City &amp; State

City &amp; State

23 JACKSONVILLE FL

28 JACKSONVILLE FL

Zip

Country

Zip

Country

24 32257-6346 25 USA

29 32257-6346 30 USA

4. FEI Number

59-2970771

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 Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

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

ERLE RENWICK

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

10377 AUTUMN VALLEY ROAD

83

84 City

JACKSONVILLE

FL

85 Zip Code

32257-6346

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 ERLE RENWICK

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

(NOTE: Registered Agent signature required when reinstating)

4-24-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETENAME STROBLE, GENE  
STREET ADDRESS RT 2 BOX 336W N/A  
CITY-ST-ZIP HILLIARD FL 320461.1 TITLE P ☒ Change ☐ Addition1.2 NAME STROBLE, GENE  
1.3 STREET ADDRESS RT 2 BOX 336W N/A  
1.4 CITY-ST-ZIP HILLIARD FL 32046TITLE P ☒ DELETENAME WALTERS, DAVID  
STREET ADDRESS 9201 OVIEDO RD.  
CITY-ST-ZIP JACKSONVILLE FL 322212.1 TITLE V ☐ Change ☒ Addition2.2 NAME OSTEEN, ELMER  
2.3 STREET ADDRESS 1981 PARENTAL HOME ROAD  
2.4 CITY-ST-ZIP JACKSONVILLE FL 32216TITLE D ☒ DELETENAME RENWICK, ERLE B. JR.  
STREET ADDRESS 10377 AUTUMN VALLEY RD  
CITY-ST-ZIP JACKSONVILLE FL 322573.1 TITLE T ☒ Change ☐ Addition3.2 NAME RENWICK, ERLE  
3.3 STREET ADDRESS 10377 AUTUMN VALLEY ROAD  
3.4 CITY-ST-ZIP JACKSONVILLE FL 32257TITLE D ☐ DELETENAME CLARKE, WALTER  
STREET ADDRESS P.O. BOX 47894  
CITY-ST-ZIP JACKSONVILLE FL 322474.1 TITLE S ☐ Change ☒ Addition4.2 NAME OSTEEN, IRMA  
4.3 STREET ADDRESS 1981 PARENTAL HOME ROAD  
4.4 CITY-ST-ZIP JACKSONVILLE FL 32216TITLE D ☐ DELETENAME FRAMPTON, VERDIE  
STREET ADDRESS 8145 HUNTERS GROVE RD.  
CITY-ST-ZIP JACKSONVILLE FL 322585.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE T ☒ DELETENAME MEADOWS, DIANNE  
STREET ADDRESS 13001 CHAMELEON DR  
CITY-ST-ZIP JACKSONVILLE FL 322236.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: ERLE RENWICK TREASURER 4-24-97 (904) 268-9537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone (904) 268-9537

CR2E037 (9/96)