

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90059 013 \*\*\*\*61.25

0006982

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N28631**

1. Corporation Name

**NORTH FLORIDA CHAPTER AMERICAN THEATRE ORGAN SOCIETY, INC.**

Principal Place of Business

C/O ERLE RENWICK  
 10377 AUTUMN VALLEY RD.  
 JACKSONVILLE FL 32257-6346  
 US

Mailing Address

RENWICK, ERLE  
 10377 AUTUMN VALLEY RD  
 JAX FL 32257-6346  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 RENWICK, ERLE

Suite, Apt. #, etc.

27 10377 AUTUMN VALLEY RD

City & State

28 JAX FL 32257-6346

Zip

Country

3. Date Incorporated or Qualified

09/30/1988

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

9. Name and Address of Current Registered Agent

RENWICK, ERLE  
 10377 AUTUMN VALLEY RD.  
 JACKSONVILLE FL 32257

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **WALTERS, DAVID**  
 STREET ADDRESS **9201 OVEIDO RD**  
 CITY-ST-ZIP **JAX FL**

TITLE **V** ☐ DELETE

NAME **STROBLE, GENE**  
 STREET ADDRESS **RT 2 BOX 336 W**  
 CITY-ST-ZIP **HILLIARD FL**

TITLE **T** ☐ DELETE

NAME **RENWICK, ERLE**  
 STREET ADDRESS **10377 AUTUMN VALLEY RD.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE

NAME **OSTEEN, ELMER**  
 STREET ADDRESS **1981 PARENTAL HOME RD**  
 CITY-ST-ZIP **JAX FL 32247**

TITLE **D** ☒ DELETE

NAME **FRAMPTON, VERDIE**  
 STREET ADDRESS **8145 HUNTERS GROVE RD.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **S** ☒ DELETE

NAME **OSTEEN, IRMA**  
 STREET ADDRESS **1981 PARENTAL HOME RD.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **OSTEEN, ELMER**  
 1.3 STREET ADDRESS **1981 PARENTAL HOME RD**  
 1.4 CITY-ST-ZIP **JACKSONVILLE FL 32216-4516**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **D** ☒ Change ☐ Addition

4.2 NAME **LEVEY, BILL**  
 4.3 STREET ADDRESS **3376 NOKOMIS RD**  
 4.4 CITY-ST-ZIP **ORANGE PARK FL 32065**

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME **CLARKE, WALTER**

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **S** ☒ Change ☐ Addition

6.2 NAME **SIKES, ROSEMARY**  
 6.3 STREET ADDRESS **ROUTE 2 BOX 3498**  
 6.4 CITY-ST-ZIP **HILLIARD FL 32046**

14. 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 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, with all other like empowered.

SIGNATURE:

*Erle Renwick, Jr.* **ERLE RENWICK, JR.** 3/20/99 904-268-9537  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)