## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N28631

1. Entity Name

Principal Place of Business

NORTH FLORIDA CHAPTER AMERICAN THEATRE ORGAN SOCIETY, INC.



**FILED** 

Feb 23, 2007 8:00 am

**Secretary of State** 

02-23-2007 90020 023 \*\*\*\*61.25

Mailing Address

C/O ERLE RENWICK 10661 HEARTHSTONE DR JACKSONVILLE, FL 32257-3327 US  2. Principal Place of Business - No P.O. Box # 3. Mailing Address					,					
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Suite, Apt.	#, etc.		Suite, Apt. #, etc.			02202007	Chg-NP	CR2E0	37 (12/06)	
City & State	9		City & State			4. FEI Number 59-2970				plied For t Applicable
Zip Country		intry	Zip	Country	ntry		f Status Desired	d []	\$8.75 Add	itional
	6 Name and Ad	dress of Current Regi	stered Agent	T		7. Name and A	Address of New	v Registered	Fee Require	3 
		<u> </u>	occi de Prigoni	Name		T. IVALING BILLY		· · · · · · · · · · · · · · · · · · ·	· · · · ·	
RENWICK, ERLE 10661 HEARTHSTONE DRIVE				Street	Address (	P.O. Box Number	is Not Accepte	able)		
JACKSONVILLE, FL 32257				dilati Addissi (i .S. I						
	:			City				FI	Zip Code	9
			purpose of changing its re	egistered office o	or register	ed agent, or both	, in the State of	Florida, I am	familiar with,	and accept
the obligat	ions of registered age	ent.								
SIGNATURE .	_ <u>₹</u> , _									
SIGNATURE.	Signature, typed or printed in	same of registered agent and th	e if applicable. (NOTE:	Registered Agent signa	zure required	d when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees  Make check payable to Florida Department of State				
10.	0	FFICERS AND DIRECT	ORS	11.		ADDITIONS/CHAI	NGES TO OFFI	CERS AND D	IRECTORS IN	10
10. TILE	Р		ORŜ	11. TITLE	,	ADDITIONS/CHAI	NGES TO OFFI	CERS AND D	IRECTORS IN	10 Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.

CICNATIIDE.

## ATTACHMENT 40023104

## ATTACHMENT 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Date:

2-20-07

DOCUMENT:

#N28631

NORTH FLORIDA CHAPTER AMERICAN THEATRE ORGAN SOCIETY, INC.

Addition:

TITLE

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NAME

**HENRY J. PULKA** 

STREET ADDRESS

6262 PULKA ROAD

CITY-ST-ZIP

JACKSONVILLE, FL 32234

SIGNATURE: