## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28631

FILED Mar 26, 2008 Secretary of State

Entity Name: NORTH FLORIDA CHAPTER AMERICAN THEATRE ORGAN SOCIETY, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	RENWICK RTHSTONE [ /ILLE, FL 322					
Current Mailing Address:			New Mailir	New Mailing Address:		
	RENWICK RTHSTONE [ /ILLE, FL 322					
FEI Number:	59-2970771	FEI Number Applied For ( )	FEI Number Not Appli	licable ( ) Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
RENWICK, ERLE 10661 HEARTHSTONE DRIVE JACKSONVILLE, FL 32257 US						
The above in the State		submits this statement for the pu	rpose of changing it	its registered office or registered agent, or both,		
SIGNATUR	E:					
	Electron	ic Signature of Registered Agen	t	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () OSTEEN, ELME 1981 PARENTA JAX, FL 32216	L HOME RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	V () LEVEY, WILLIA 3376 NOKOMIS ORANGE PARK	RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	T () WALTER, CLAR 7622 SE SR 100 STARKE, FL 32	0	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition RENWICK, NELLIE 10661 HEARTHSTONE DRIVE JACKSONVILLE, FL 32257		
Title: Name: Address: City-St-Zip:	S () RENWICK, ERL 10661 HEARTH JACKSONVILLE	STONE DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	EVESON, PAUL	Γ, FLEET LANDING	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition PULKA, STANLEY 2211 SAUL DRIVE JACKSONVILLE, FL 32216		
Title: Name: Address: City-St-Zip:	D () STROBLE, GEN 2502 SIKES DR HILLIARD, FL 3	<b></b>	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERLE RENWICK S 03/26/2008