

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28631

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

C/O ERLE RENWICK
10661 HEARTHSTONE DR
JACKSONVILLE, FL 322573327 US

New Principal Place of Business:

Current Mailing Address:

C/O ERLE RENWICK
10661 HEARTHSTONE DR
JACKSONVILLE, FL 322573327 US

New Mailing Address:

FEI Number: 59-2970771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENWICK, ERLE
10661 HEARTHSTONE DRIVE
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OSTEEN, ELMER
Address: 1981 PARENTAL HOME RD
City-St-Zip: JAX, FL 32216

Title: V () Delete
Name: LEVEY, WILLIAM
Address: 3376 NOKOMIS RD
City-St-Zip: ORANGE PARK, FL 32065

Title: T () Delete
Name: RENWICK, NELLIE
Address: 10661 HEARTHSTONE DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: S () Delete
Name: RENWICK, ERLE
Address: 10661 HEARTHSTONE DR.
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: PULKA, STANLEY
Address: 2211 SAUL DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: STROBLE, GENE
Address: 2502 SIKES DR.
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CARVER, CHRIS
Address: 2736 COLLEGE STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Change () Addition
Name: STROBLE, GENE
Address: 2262 BLACKSTOCK LANE
City-St-Zip: HILLIARD, FL 32046

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

04/15/2009

Electronic Signature of Signing Officer or Director

Date