

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

97 OCT 15 AM 10:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # N15234 (0)**  
 1. Corporation Name

**THE BROWARD COUNTY FILM SOCIETY, INC.**



Principal Place of Business Mailing Address  
 2633 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304  
 2633 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/02/1986</b>	3a. Date of Last Report <b>02/02/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2701676</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MOTLEY, SUSAN**  
 220 E. BROWARD BLVD. 15TH FLOOR  
 FT. LAUDERDALE FL 33301

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0506 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 *Susan Motley*  
 Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, VIRGINIA I.</b>	1.2 NAME	
STREET ADDRESS	<b>1701 SE 8TH STREET</b>	1.3 STREET ADDRESS	<b>700002325277--1</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>	1.4 CITY-ST-ZIP	<b>-10/21/97--01027--001</b>
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<b>VID</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRELL, GAIL</b>	2.2 NAME	
STREET ADDRESS	<b>3649 W. OAKLAND PARK BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33311</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>C/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WENTWORTH, ELIZABETH</b>	3.2 NAME	<b>DEBBIE MASON</b>
STREET ADDRESS	<b>200 E. LAS OLAS BLVD. STE 1850</b>	3.3 STREET ADDRESS	<b>1512 E BROWARD BLVD. STE 103</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	3.4 CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33301</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>JAMIE EDGEMON</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>5821 NE 22 AVENUE</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33308</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Susan Motley* *ab bz 01/12/96*

CR2E037 (4/97)