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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N93000005501 (2)**

1. Corporation Name

ST. PETERSBURG-CLEARWATER AREA FILM COMMISSION, INC.

Principal Place of Business	Mailing Address
14450 46TH STREET N. SUITE 103 CLEARWATER FL 34622 US	14450 46TH STREET N. SUITE 108 CLEARWATER FL 34622 US

3. Date Incorporated or Qualified: 12/01/1993

4. FEI Number: 59-3219700 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: Suite 108	Suite, Apt. #, etc. 27:
City & State 23:	City & State 28:
Zip 24: / Country 25:	Zip 29: / Country 30:

9. Name and Address of Current Registered Agent

PARRAMORE, JENNIFER
14450 46TH STREET NORTH
SUITE 108
CLEARWATER FL 34622

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STEINOCHER, CHRIS		1.2 NAME		
STREET ADDRESS	4300 W. CYPRESS ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	PPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, LINDA		2.2 NAME		
STREET ADDRESS	5414 TOWN -N- COUNTRY BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	PED	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOEHR, NANCY		3.2 NAME		
STREET ADDRESS	125 5TH ST. S.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JESSUP, CONNIE		4.2 NAME		
STREET ADDRESS	17200 GULF BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	N. REDINGTON BEACH FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GAMBLE, MILLARD		5.2 NAME		
STREET ADDRESS	1 PASS-A-GRILLE WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETE BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: [signature] 2/19/98 238-1000