

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90034 027 \*\*\*\*70.00

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|                                                 |                                                                                   |                                                                                                          |
|-------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**DOCUMENT # N93000005501**

1. Corporation Name

**ST. PETERSBURG-CLEARWATER AREA FILM COMMISSION, INC.**

237900 - 90034 - 27

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Principal Place of Business<br>14450 46TH STREET N.<br>SUITE 108<br>CLEARWATER FL 34622<br>US | Mailing Address<br>14450 46TH STREET N.<br>SUITE 108<br>CLEARWATER FL 34622<br>US |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|



|                                                                                                     |                                                                                          |                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br>12/01/1993<br>4. FEI Number<br>59-3219700<br>5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

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

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                      | P <input type="checkbox"/> DELETE              | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | STEINOCHE, 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 <input type="checkbox"/> DELETE            | 2.1 TITLE                                             | PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PERRY, LINDA                                   | 2.2 NAME                                              | Perry, Linda                                                                     |
| STREET ADDRESS             | 5414 TOWN -N- COUNTRY BLVD.                    | 2.3 STREET ADDRESS                                    | 2163 Beverly Lane                                                                |
| CITY-ST-ZIP                | TAMPA FL                                       | 2.4 CITY-ST-ZIP                                       | Clearwater FL 33763                                                              |
| TITLE                      | PED <input checked="" type="checkbox"/> DELETE | 3.1 TITLE                                             |                                                                                  |
| 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                      | T <input type="checkbox"/> DELETE              | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | GAMBLE, MILLARD                                | 4.2 NAME                                              |                                                                                  |
| STREET ADDRESS             | 1 PASS-A-GRILLE WAY                            | 4.3 STREET ADDRESS                                    |                                                                                  |
| CITY-ST-ZIP                | ST. PETE BEACH FL                              | 4.4 CITY-ST-ZIP                                       |                                                                                  |
| TITLE                      | <input type="checkbox"/> DELETE                | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| 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                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |                                                | 6.2 NAME                                              |                                                                                  |
| STREET ADDRESS             |                                                | 6.3 STREET ADDRESS                                    |                                                                                  |
| CITY-ST-ZIP                |                                                | 6.4 CITY-ST-ZIP                                       |                                                                                  |

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 of an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-464-7240

CR2E037 (11/98)

237900-90034-27  
N93000005501

**BOARD OF DIRECTORS  
ST. PETERSBURG-CLEARWATER  
AREA FILM COMMISSION**

**P**

Chris Steinocher  
4300 W. Cypress St., #250  
Tampa, FL 33607

**PPD**

Linda Perry  
2163 Beverly Lane  
Clearwater, FL 33763

**T S**

Millard Gamble  
1 Pass A Grill Way  
St. Pete Beach FL 33706

**D**

Jean Sherry  
100 N. Osceola Ave.  
Clearwater FL 33758

**D**

Anita Treiser  
175 5th St. N.  
St. Petersburg, FL 33701

**D**

Paula Cane  
1404 Pass-A-Grille Way  
St. Pete Beach, FL 33706

**D**

Joe Brock  
29399 U.S. 19 North, Ste 320  
Clearwater, FL 33761

**D**

Lenne' Nicklaus Ball  
5390 Gulf Blvd.  
St. Pete Beach, FL 33706

**D**

Tandova Jade Ecenia  
6010 N. Armenia Avenue  
Tampa FL 33604

**D**

Bill Heller  
St. Petersburg Campus  
140 Seventh Avenue South  
St. Petersburg, FL 33701-5016

**D**

Theresa Crane  
3605 Bougainvilla Ave.  
Tampa FL 33674-9158

**D**

Clarence Hulse  
14010 Roosevelt Blvd.  
Clearwater FL 33762

**D**

Marion Rich  
2135 CAMDEN WAY  
Clearwater, FL 33759

**D**

BOB MCEWEN  
19701 GULF BLVD.  
INDIAN SHORES FL 33785-\*2311

**D**

STEVE LASKY  
5343 7TH AVE. N.  
ST. PETERSBURG FL 33710

Revised: FEB. 19, 1999

OFFICERS AND DIRECTORS  
RECEIVE NO  
COMPENSATION,  
CONTRIBUTIONS TO  
EMPLOYEE BENEFIT PLANS,  
OR EXPENSE ACCOUNT  
ALLOWANCES. THEY  
DEVOTE APPROXIMATELY 3-  
4 HOURS PER MONTH TO  
THEIR POSITIONS.