

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90156 038 \*\*\*\*61.25

**DOCUMENT # 730160**

1. Entity Name

**THE FLORIDA MOTION PICTURE & TELEVISION  
ASSOCIATION, INC.**



Principal Place of Business

807 WARREN AVE  
COCOA FL 32922  
US

Mailing Address

210 NORTH PINE DRIVE  
TAMPA FL 33613  
US

2. Principal Place of Business

764 Maryland Ave

Suite, Apt. #, etc.

Winter Park

City & State

FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

FL

Zip  
32789

Country

USA

Zip

Country

4. FEI Number

59-2301231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

CALDWELL, LEORA  
210 NORTH PINE DRIVE  
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME FERRILL, CAROLE A PRES ☒ Delete  
STREET ADDRESS 807 WARREN AVE  
CITY-ST-ZIP COCOA FL 32922

TITLE VPD  
NAME HALLIBURTON, CAROL V PRES ☐ Delete  
STREET ADDRESS 4388-D LAKE UNDERHILL  
CITY-ST-ZIP ORLANDO FL 32803

TITLE SD  
NAME SHIPMAN, CHRISTINA ☒ Delete  
STREET ADDRESS 1227 TIMBERIDGE DRIVE  
CITY-ST-ZIP LAKELAND FL 33809

TITLE TD  
NAME CALDWELL, LEORA ☐ Delete  
STREET ADDRESS 210 NORTH PINE DRIVE  
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME SCOTT DUPONT PRES  
STREET ADDRESS 764 Maryland Ave  
CITY-ST-ZIP Winter Park FL 32789

TITLE EVPD ☐ Change ☒ Addition  
NAME DEAN McDonald  
STREET ADDRESS 2550 Woodhaven Ct.  
CITY-ST-ZIP Green Cove Springs, FL 32043

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lura B Caldwell* Leora B. Caldwell

4-25-06 813-264-4277