

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730160

FILED
Apr 21, 2008
Secretary of State

Entity Name: THE FLORIDA MOTION PICTURE & TELEVISION ASSOCIATION, INC.

Current Principal Place of Business:

807 WARREN AVE
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

210 NORTH PINE DRIVE
TAMPA, FL 33613 US

New Mailing Address:

FEI Number: 59-2301231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALDWELL, LEORA
210 NORTH PINE DRIVE
TAMPA, FL 33613 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: PD () Delete
Name: FERRILL, CAROLE A PRES
Address: 807 WARREN AVE
City-St-Zip: COCOA, FL 32922 US

Title: EVPD () Delete
Name: GOODSPEED, MIRIAM EV PRES
Address: 392 LAKEVIEW DRIVE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VPD () Delete
Name: SERENTI, NICHOLAS VP
Address: P.O. BOX 760
City-St-Zip: WELLBORN, FL 32094 US

Title: SD () Delete
Name: COBB, CAROLYN SEC
Address: 2953 HOLLY ROAD
City-St-Zip: ORANGE PARK, FL 32065

Title: TD () Delete
Name: CALDWELL, LEORA TREAS
Address: 210 NORTH PINE DRIVE
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: SAIA, MIKKI VP
Address: P.O. BOX 93085
City-St-Zip: LAKELAND, FL 33804 US

Title: SD (X) Change () Addition
Name: WILLIAMS, BILL SEC
Address: 4450 WEST EAU GALLIE BLVD., STE 220
City-St-Zip: MELBOURNE, FL 32934

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

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: CAROLE A FERRILL

PRES

04/21/2008

Electronic Signature of Signing Officer or Director

Date