## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#730160**

FILED Apr 16, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 807 WARREN AVE US COCOA, FL 32922 **Current Mailing Address: New Mailing Address:** 210 NORTH PINE DRIVE 807 WARREN AVE TAMPA, FL 33613 COCOA, FL 32922 US FEI Number: 59-2301231 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CALDWELL, LEORA FERRILL, CAROLE A 807 WARREN AVE 210 NORTH PINE DRIVE TAMPA, FL 33613 US COCOA, FL 32922 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: CAROLE A. FERRILL 04/16/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FERRILL, CAROLE A PRES Name: Name: 807 WARREN AVE Address: Address: City-St-Zip: COCOA, FL 32922 US City-St-Zip: Title: ( ) Delete Title: **EVPD** (X) Change ( ) Addition GOODSPEED, MIRIAM EV PRES Name: JOHN, MATHENY EV PRES Name: Address: 392 LAKEVIEW DRIVE Address: 1606 OAK ARBOR LANE City-St-Zip: PALM HARBOR, FL 34683 US City-St-Zip: VALRICO, FL 33594 US Title: VPD () Delete Title: **VPD** (X) Change ( ) Addition SAIA, MIKKI VP GOODSPEED, MIRIAM VP Name: Name: Address: P.O. BOX 93085 Address: 392 LAKEVIEW DRIVE City-St-Zip: LAKELAND, FL 33804 US City-St-Zip: PALM HARBOR, FL 34683 US Title: SD () Delete Title: () Change () Addition WILLIAMS, BILL SEC Name: Name: Address: 4450 WEST EAU GALLIE BLVD., STE 220 Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: Title: Title: (X) Delete () Change () Addition CALDWELL, LEORA TREAS Name: Name: 210 NORTH PINE DRIVE Address: Address: City-St-Zip: TAMPA, FL 33613 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 PD 04/16/2009