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May 27 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 # **734614** (1)

1. Corporation Name

**FLORIDA MOTION PICTURE & TELEVISION ASSOCIATION-
WEST CHAPTER, INC.**



Principal Place of Business

Mailing Address

**6905 COOLIDGE AVENUE
TAMPA FL 33614-0828**

**P.O. BOX 23421
TAMPA FL 33623
US**

3. Date Incorporated or Qualified

12/15/1975

4. FEI Number

59-2294260

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRYE, ALEXANDRA
1008 CULBREATH IS., DR. S.
TAMPA FL 33629**

81 Name

JERRY ALAN

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

1206 AUTUMN DRIVE

83

TAMPA, FL 33613

84 City

TAMPA

FL

85 Zip Code

33613

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 *Jerry Alan* **JERRY ALAN - PRESIDENT**

5-20-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **WATERS, JIM**
CITY-ST-ZIP **PO BOX 20929 N/A
ST PETERSBURG FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **JOHNSON, DALE**
CITY-ST-ZIP **2149 WATER OAK DR
CLEARWATER FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **392 LAKEVIEW TERRACE**
2.4 CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **ALAN, JERRY**
CITY-ST-ZIP **888 EXECUTIVE CENTER DR. W 101
ST. PETERSBURG FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **EGER, BARBARA**
CITY-ST-ZIP **3505 TARPON WOODS BLVD. #L402
PALM HARBOR FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **GOODSPEED, MIRIAM**
CITY-ST-ZIP **2149 WATEROAK DRIVE, N.
CLEARWATER FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **392 LAKEVIEW TERRACE**
5.4 CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **VD**
6.3 STREET ADDRESS **DIANA PHILIPS**
6.4 CITY-ST-ZIP **PO BOX 304 N/A
GIBSONTON, FL 33534**

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.

CR2E037 (10/97)