

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90003 013 \*\*\*\*61.25

0076690

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 743567**

1. Corporation Name

**THE FLORIDA MOTION PICTURE AND TELEVISION ASSOCIATION-CENTRAL CHAPTER INC.**

Principal Place of Business

P.O. BOX 690183  
ORLANDO FL 32869  
US

Mailing Address

P.O. BOX 690183  
ORLANDO FL 32869  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 P.O.B. 160596

27 Suite, Apt. #, etc.

28 City & State

ALTAMONTE SPRINGS, FL

Zip

Country

29 32716-0596

30

USA

3. Date Incorporated or Qualified

07/13/1978

4. FEI Number

59-2312434

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JIM RADZ  
425 W COLONIAL DR STE  
STE 102  
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

Jim RADZ

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

303 BRANTLEY HARBOR DR

83

84 City

LONGWOOD

FL

85 Zip Code

32779

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

Jim RADZ

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

(NOTE: Registered Agent signature required when reinstating)

2/18/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME CUMMINGS, JOHN  
STREET ADDRESS DISNEY/MGM-BUNGALOW 4N  
CITY-ST-ZIP LAKE BUENA VISTA FL

TITLE VD  
NAME WALSH, TONY  
STREET ADDRESS 100 DETMAR DR.  
CITY-ST-ZIP WINTER PARK FL

TITLE VD  
NAME WHITACRE, WILLIAM  
STREET ADDRESS 17 S MAGNOLIA AVE.  
CITY-ST-ZIP ORLANDO FL

TITLE SD  
NAME WASSERMAN, REY  
STREET ADDRESS 1410 CALATHEA DRIVE  
CITY-ST-ZIP ORLANDO FL

TITLE TD  
NAME GUREVITZ, MARA  
STREET ADDRESS 7121 GRAND NATIONAL DRIVE #106  
CITY-ST-ZIP ORLANDO FL

TITLE SD  
NAME HEINE, DOREEN DORMAN  
STREET ADDRESS 4779 WALDEN CIRCLE  
CITY-ST-ZIP ORLANDO FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

McHesney, Steve  
POB 160596  
ALTAMONTE SPRING FL. 32716

2.1 TITLE V.P.  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Dussling, John  
POB 160596  
ALTAMONTE SPRINGS, FL. 32716

3.1 TITLE V.P.  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Noble, Bob  
POB 160596  
ALTAMONTE SPRING FL. 32716

4.1 TITLE S  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

LORENCE, YVONNE  
POB 160596  
ALTAMONTE SPRINGS FL. 32716

5.1 TITLE T  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

RADZ, Jim  
POB 160596  
ALTAMONTE SPRINGS FL. 32716

6.1 TITLE D  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Johnson, Diane  
POB 160596  
ALTAMONTE SPRINGS FL. 32716

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED/Agent

2/18/99

407-788-9006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EN37 (11/98)