

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90033 018 ****61.25

DOCUMENT # N01000000045

1. Entity Name
WOMEN IN FILM & TELEVISION-FLORIDA, INC.



Principal Place of Business
7731 HORSE FERRY RD
ORLANDO, FL 32835

Mailing Address
PO BOX 533541
ORLANDO, FL 32853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3691551

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HABER, LAWRENCE H
931 JASMINE STREET
CELEBRATION, FL 34747

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☐ Delete
NAME MASHAYEKHI, SUSAN JANIS
STREET ADDRESS 7731 HORSE FERRY RD
CITY-ST-ZIP ORLANDO, FL 32835

TITLE TT ☐ Change ☒ Addition
NAME IRIS PEARSON
STREET ADDRESS 7657 Apple Tree Cir.
CITY-ST-ZIP Orlando, FL 32819

TITLE VPT ☒ Delete
NAME JONES, GINA
STREET ADDRESS 6342 CRESTMONT GLEN LN
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE VP ☐ Change ☒ Addition
NAME Jennifer Pennypacker
STREET ADDRESS 301 E. Pine St. Ste 900
CITY-ST-ZIP Orlando, FL 32801

TITLE TT ☒ Delete
NAME FLESHER, NANCY
STREET ADDRESS 229 ALMA ST
CITY-ST-ZIP KISSIMMEE, FL 34741

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/05

407-

Date

Daytime Phone #