

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90505 016 ****70.00

DOCUMENT # N02000002402					
1. Entity Name SPACE COAST FLORIDA MOTION PICTURE AND TELEVISION ASSOCIATION INC.					
Principal Place of Business 807 WARREN AVE COCOA, FL 32922			Mailing Address 807 WARREN AVE COCOA, FL 32922		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04252005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2301231	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERRILL, CAROLE A 807 WARREN AVE COCOA, FL 32922			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u><i>Susan L. Donte</i></u> SAME <u><i>4/21/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$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 PD	NAME FERRILL, CAROLE A PRES	<input checked="" type="checkbox"/> Delete	TITLE SUE DONTALL (PD)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME 6021 RANCHWOOD DR COCOA, FL 32926
STREET ADDRESS 807 WARREN AVE	CITY - ST - ZIP COCOA, FL 32922		STREET ADDRESS 4450 WEAU GALLIE BLVD	CITY - ST - ZIP MELBOURNE, FL 32922	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE EVPD	NAME VARADY, MARY EVP	<input checked="" type="checkbox"/> Delete	TITLE CAROLE FERRILL (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 807 WARREN AVE COCOA, FL 32922
STREET ADDRESS 615 SW TEJON AVE	CITY - ST - ZIP PALM BAY, FL 32908		STREET ADDRESS 3670 OAKHILL DRIVE	CITY - ST - ZIP TITUSVILLE, FL 32780	
TITLE VPD	NAME JACKSON, MELODY VP	<input checked="" type="checkbox"/> Delete	TITLE D	NAME CROMER, JOAN H DIR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1800 S. ORLANDO AVE	CITY - ST - ZIP COCOA BEACH, FL 32931		STREET ADDRESS P. O. BOX 703	CITY - ST - ZIP CAPE CANAVERAL, FL 32920	
TITLE SD	NAME BARBARA, TRIANDAFILS SEC.	<input checked="" type="checkbox"/> Delete	TITLE D	NAME PEARSON, LORRIE DIR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3670 OAKHILL DRIVE	CITY - ST - ZIP TITUSVILLE, FL 32780		STREET ADDRESS 400 ST GEORGE'S CT	CITY - ST - ZIP SATELLITE BEACH, FL 32937	
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: <u><i>Susan L. Donte</i></u> 4/21/05 (321) 632-7486 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					