

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90332 003 ****61.25

DOCUMENT # N02000004186

1. Entity Name
**FLORIDA MOTION PICTURE & TELEVISION
ASSOCIATION - TAMPA BAY CHAPTER, INC.**



Principal Place of Business
**888 EXECUTIVE CENTER DR. W.
101
ST. PETERSBURG, FL 33702**

Mailing Address
**888 EXECUTIVE CENTER DR. W.
101
ST. PETERSBURG, FL 33702**

00010524



2. Principal Place of Business
**210 NORTH PINE DR.
Suite, Apt. #, etc.**

3. Mailing Address
**210 NORTH PINE DR.
Suite, Apt. #, etc.**

04052006 Chg-NP CR2E037 (11/05)

City & State
TAMPA, FL
Zip
33613
Country
USA

City & State
TAMPA, FL
Zip
33613
Country
USA

4. FEI Number
54-2111219

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WATERS, JAMES P
888 EXECUTIVE CENTER DR. W.
101
ST. PETERSBURG, FL 33702**

7. Name and Address of New Registered Agent
Name **ALAN JERRY**
Street Address (P.O./Box Number is Not Acceptable)
210 NORTH PINE DR.
City **TAMPA** FL **33613**

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

JERRY ALAN
(NOTE: Registered Agent signature required when reappointing)

4-6-06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, DALE P.O. BOX 23421 TAMPA, FL 33623	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOODSPEED, MIRIAM P.O. BOX 23421 TAMPA, FL 33623	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP FERRARA, FELICIA P.O. BOX 23421 TAMPA, FL 33623	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATERS, JIM P.O. BOX 23421 TAMPA, FL 33623	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHIPMAN, CHRISTINA P.O. BOX 23421 TAMPA, FL 33623	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRARA, FELICIA P.O. BOX 23421 TAMPA, FL 33623	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WALKER, JR., EDWARD P.O. BOX 7124 TAMPA, FL 33673	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HEATH, JR., RALPH 18328 GULF BLVD. INDIAN SHORES, FL 33785-2097	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALAN, JERRY 210 NORTH PINE DR. TAMPA, FL 33613	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WYNKOOP, CATHERINE 8639 N. HIXES AVE., APT. 2802 TAMPA, FL 33614-1661	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jerry Alan* **JERRY ALAN** **4-6-06** **813-264-4277**
Signature, typed or printed name of signing officer or director Date Daytime Phone #