

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004186

FILED  
Apr 16, 2007  
Secretary of State

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

**Current Principal Place of Business:**

210 NORTH PINE DR  
TAMPA, FL 33613

**New Principal Place of Business:**

1606 OAK ARBOR LANE  
VALRICO, FL 33594

**Current Mailing Address:**

210 NORTH PINE DR  
TAMPA, FL 33613

**New Mailing Address:**

1606 OAK ARBOR LANE  
VALRICO, FL 33594

**FEI Number:** 54-2111219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALAN, JERRY  
210 N PINE DR  
TAMPA, FL 33613 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FERRARA, FELICIA  
Address: POB 23421  
City-St-Zip: TAMPA, FL 33623

Title: DV ( ) Delete  
Name: WALKER, EDWARD JR  
Address: POB 7124  
City-St-Zip: TAMPA, FL 33673

Title: EVP ( ) Delete  
Name: HEATH, RALPH JR  
Address: 18328 GULF BLVD  
City-St-Zip: INDIAN ROCKS BEACH, FL 337852097

Title: TD ( ) Delete  
Name: ALAN, JERRY  
Address: 210 N PINE DR  
City-St-Zip: TAMPA, FL 33613

Title: S (X) Delete  
Name: WYNKOOP, CATHERINE  
Address: 8369 N HIMES AVE, APT 2802  
City-St-Zip: TAMPA, FL 336141661

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: JOHN, MATHENY  
Address: 1606 OAK ARBOR LANE  
City-St-Zip: VALRICO, FL 33594

Title: TR (X) Change ( ) Addition  
Name: HAGANS, WILLIAM  
Address: 4294 AUSTON WAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: ALAN, JERRY  
Address: 210 N PINE DR  
City-St-Zip: TAMPA, FL 33613

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM HAGANS

TR

04/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date