## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000004186

FILED Apr 06, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 1606 OAK ARBOR LANE VALRICO, FL 33594 **Current Mailing Address: 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: Name and Address of New Registered Agent: ALAN, JERRY 210 N PINE DR TAMPA, FL 33613 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JOHN, MATHENY Name: Name: 1606 OAK ARBOR LANE Address: Address: VALRICO, FL 33594 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete HAGANS, WILLIAM Name: HAGANS, WILLIAM Name: Address: 4294 AUSTON WAY Address: 4294 AUSTON WAY City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685 Title: **EVP** () Delete Title: () Change () Addition HEATH, RALPH JR Name: Name: Address: 18328 GULF BLVD Address: City-St-Zip: INDIAN ROCKS BEACH, FL 337852097 City-St-Zip: ( ) Delete (X) Change ( ) Addition Title: VΡ Title: TR Name: ALAN, JERRY Name: ALAN, JERRY Address: 210 N PINE DR Address: 210 N PINE DR City-St-Zip: TAMPA, FL 33613 City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify 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: TRESURER/JERRY ALAN TR 04/06/2009