


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90017 028 ****70.00

DOCUMENT # N36304	
1. Entity Name THE FILM SOCIETY OF SOUTHWEST FLORIDA, INC.	

Principal Place of Business C/O HOWARD ATTON Di Saggau 10091 MCGREGOR BLVD. FT. MYERS FL 33919	Mailing Address C/O HOWARD ATTON Di Saggau 10091 MCGREGOR BLVD. FT. MYERS FL 33919
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MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0165975	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent Di Saggau 16805 Davis Rd., SW #121 Fort Myers, FL 33908

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 	DATE 2/16/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLEX, GARY <input type="checkbox"/> Delete PO BOX 595 BOKEELIA FL 33922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHITE, PHYLLIS <input type="checkbox"/> Delete 19795 VINTAGE TRACE CIR. FORT MYERS FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BACHMAN, SANDRA <input type="checkbox"/> Delete 16440 KELLY COVE DR. #2816 FORT MYERS FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAGGAU, DI <input type="checkbox"/> Delete 16805 DAVIS RD. S.W. #121 FORT MYERS FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: 	DATE 2/16/04 239-466-4707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	