


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N37599** (0)

1. Corporation Name

**FLORIDA MOTION PICTURE AND TELEVISION ASSOCIATION, INC./SOUTHWEST CHAPTER**

Principal Place of Business	Mailing Address
P.O. BOX 2616 NAPLES FL 34106	P.O. BOX 2616 NAPLES FL 34106

3. Date Incorporated or Qualified

**04/09/1990**

4. FEI Number

**59-2535725**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURPHY, THOMAS**  
**591 N.W. 29TH STREET**  
**NAPLES FL 34120**

81 Name **T. BBETTS, CONSTANCE**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1960 RIVER REACH DRIVE**

83 **SUITE 190**

84 City **NAPLES**

FL 85 Zip Code **34104**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **T. BBETTS, CONSTANCE, TREASURER** DATE **1-13-98**

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, THOMAS	
STREET ADDRESS	591 N.W. 29TH STREET	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EDGERTON, EDGE	
STREET ADDRESS	P O BOX 3010 N/A	
CITY-ST-ZIP	NAPLES FL 34106-3010	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MALONEY, JULIE	
STREET ADDRESS	153-B BRISTOL LANE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SOLTOW, RICHARD JR	
STREET ADDRESS	P O BOX 3477 N/A	
CITY-ST-ZIP	NAPLES FL 34143-3477	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ESTES, HELEN	
STREET ADDRESS	3804 CARDINAL CIRCLE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134-4149	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDGERTON, EDGE	
1.3 STREET ADDRESS	P O BOX 3010 N/A	
1.4 CITY-ST-ZIP	NAPLES, FL 34106-3010	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ESTES, HELEN	
2.3 STREET ADDRESS	3804 CARDINAL CIRCLE	
2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134-4149	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<del>EDGERTON, EDGE</del> AMORE, WILLIAM S.	
3.3 STREET ADDRESS	P O BOX 61053 N/A	
3.4 CITY-ST-ZIP	FORT MYERS, FL 33906	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FORD, D.S.	
4.3 STREET ADDRESS	6330 BRIARCLIFF ROAD	
4.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TIBBETTS, CONSTANCE	
5.3 STREET ADDRESS	1960 RIVER REACH DRIVE, SUITE 190	
5.4 CITY-ST-ZIP	NAPLES, FL 34104	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **CONSTANCE T. BBETTS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-98 941-643-1366  
Date Daytime Phone # 0061587

CR2E037 (10/97)