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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37599

1. Corporation Name

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

Principal Place of Business

P.O. BOX 2616
NAPLES FL 34106

Mailing Address

P.O. BOX 2616
NAPLES FL 34106



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

TIBBETTS, CONSTANCE
1960 RIVER BEACH DR
STE 190
NAPLES FL 34104

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *Constance Tibbets* **CONSTANCE TIBBETTS** **1-5-99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME EDGERTON, EDGE
STREET ADDRESS PO BOX 3010 N/A
CITY-ST-ZIP NAPLES FL 34106

TITLE VD ☐ DELETE
NAME ESTES, HELEN
STREET ADDRESS 3804 CARDINAL CIRCLE
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE TD ☒ DELETE
NAME AMORE, WILLIAM S
STREET ADDRESS PO BOX 61053 N/A
CITY-ST-ZIP FT MYERS FL 33912

TITLE SD ☐ DELETE
NAME FORD, D S
STREET ADDRESS 6330 BRIARCLIFF ROAD
CITY-ST-ZIP FT MYERS FL 33912

TITLE TD ☐ DELETE
NAME TIBBETTS, CONSTANCE
STREET ADDRESS 1960 RIVER BEACH DR, STE 190
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME ALVIN P. QUINN
1.3 STREET ADDRESS 9280 BAYBERRY BEND #104
1.4 CITY-ST-ZIP FT MYERS, FL 33908

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME STEVE BARNETT
3.3 STREET ADDRESS 1633 COUNTRY CLUB PKWY
3.4 CITY-ST-ZIP LEHIGH, FL 33972

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Constance Tibbets* **CONSTANCE TIBBETTS** **1-5-99** **941 435 3407**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)