

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N93000002222 (8)**

1. Corporation Name

FLORIDA FILM COMMISSIONERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2725 JUDGE FRANK JAMIESON WAY
BLDG. C
MELBOURNE FL 32940**

**2725 JUDGE FRANK JAMIESON WAY
BLDG. C
MELBOURNE FL 32940**

2. Principal Place of Business

2a. Mailing Address

21 **111 NW 1st Street**

26 **< Same**

22 Suite, Apt. #, etc. **# 2510**

27 Suite, Apt. #, etc.

23 City & State **Miami, FL**

28 City & State

24 Zip **33128** 25 Country **USA**

29 Zip 30 Country

3. Date Incorporated or Qualified

05/14/1993

4. FEI Number

65-0363556

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIRSCHENBAUM, JACK A ESQ.
1800 WEST HIBISCUS BLVD.
SUITE 138
MELBOURNE FL 32901**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | KING, BONNIE | |
| STREET ADDRESS | 2725 JUDGE FRANK JAMIESON WAY | |
| CITY-ST-ZIP | MELBOURNE FL 32940 | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | FOX, BEVERLY | |
| STREET ADDRESS | 24840 BURNT PINE DRIVE, #1 | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34134 | |

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|--------------------|---|
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | PARRAMORE, JENNIFER | |
| STREET ADDRESS | 14450 48TH STREET NORTH | |
| CITY-ST-ZIP | CLEARWATER FL 34622 | |

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|--------------------|---|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |

| | | |
|----------------|-------------------------------|--|
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | RYAN, DAN | |
| STREET ADDRESS | 126 E. ORANGE AVENUE | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | |

| | |
|--------------------|--|
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Carolyn Simpson |
| 4.3 STREET ADDRESS | 600 N. Broadway # 300 |
| 4.4 CITY-ST-ZIP | BARTOW, FL 33830 |

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | PEEL, JEFF | |
| STREET ADDRESS | 111 N.W. 1ST STREET, #2510 | |
| CITY-ST-ZIP | MIAMI FL 33128 | |

| | |
|--------------------|--|
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 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 in an attachment with an address.

SIGNATURE: **X [Signature]**

3-6-98 305-315-3288

CR2E037 (1097)