

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90046 049 ****61.25

DOCUMENT # N97000003156

1. Entity Name
MARCO ISLAND FILM FESTIVAL, INC.



Principal Place of Business
**601 ELKCAM CR. STE. B-6
MARCO ISLAND, FL 34145**

Mailing Address
**601 ELKCAM CR. STE. B-6
MARCO ISLAND, FL 34145**



03072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0775361

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WOODWARD, CRAIG R
606 BALD EAGLE DRIVE, SUITE 500
MARCO ISLAND, FL 34145**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DAILEY, MAURY
1307 RIVERHEAD AVE
MARCO ISLAND, FL 34145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BERY, PATRICIA L
P O BOX. 2002
MARCO ISLAND, FL 34146**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SOUTH, MARY L
P O BOX 133 N/A
MARCO ISLAND, FL 34146**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TAKABAYASHI, FAY
300 S. COLLIER BLVD
MARCO ISLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CAMPO, NICK
MARCO MOVIE THEATHER 599 S. COLLIER
MARCO ISLAND, FL 34145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

EXEC. DIRECTOR
4/8/05 239-642-3378