

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005706

FILED
Apr 29, 2005
Secretary of State

Entity Name: FLORIDA MOTION PICTURE & TELEVISION ASSOCIATION/GREATER DAYTONA BEACH CHAPTER, INC.

Current Principal Place of Business:

784 PENINSULA DR.
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

5414 TURTON LANE
PORT ORANGE, FL 32127 US

Current Mailing Address:

784 PENINSULA DR.
ORMOND BEACH, FL 32176 US

New Mailing Address:

5414 TURTON LANE
PORT ORANGE, FL 32127 US

FEI Number: 59-0301234 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARROLL, PAULA G
5414 TURTON LANE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KALAYDJIAN, LINDA
Address: 784 PENINSULA DR.
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: TD () Delete
Name: CARROLL, PAULA
Address: 5414 TURTON LANE
City-St-Zip: PORT ORANGE, FL 32127 US

Title: SD () Delete
Name: CARROLL, PAULA
Address: 5414 TURTON LANE
City-St-Zip: PORT ORANGE, FL 32127

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FERRILL, CAROLE A
Address: 807 WARREN AVE
City-St-Zip: COCOA, FL 32922 US

Title: VPD (X) Change () Addition
Name: HALLIBURTON, CAROL
Address: 4388 D LAKE UNDERHILL
City-St-Zip: ORLANDO, FL 32803 US

Title: SD (X) Change () Addition
Name: SHIPMAN, CHRISTINA
Address: 1227 TIMBERIDGE DRIVE
City-St-Zip: LAKELAND, FL 33809

Title: TD () Change (X) Addition
Name: CALDWELL, LEORA
Address: 210 NORTH PINE DRIVE
City-St-Zip: TAMPA, FL 33613 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE A FERRILL

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date