2008 NOT-FOR-PROFIT CORPORATION

## FILED ANNUAL REPORT (AR) Mar 07, 2008 8:00 am DOCUMENT # N98000005706 **Secretary of State** 1. Entity Name 03-07-2008 90042 010 \*\*\*\*70.00 FLORIDA MOTION PICTURE & TELEVISION ASSOCIATION/GREATER DAYTONA BEACH CHAPTER, Principal Place of Business Mailing Address 5414 TURTON LANE PORT ORANGE FL 32127 5414 TURTON LANE PORT ORANGE FL 32127 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-0301234 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARROLL, PAULA G..... Street Address (P.U. Box Number is Not Acceptable) 5414 TURTON LANE PORT ORANGE FL 32127 City Zip Code 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 (NOTE: Registered Agent signature renured wiren roinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PAULA CHREALL TITLE Delete TITLE Change ☑ Addition PORT ORANGE, FL. 32127 FERRILL, CAROLE A NAME NAME 807 WARREN AVE STREET ADDRESS STREET ADDRESS COCOA FL 32922 CITY ST ZIP CITY-ST-ZiP TITLE ☐ Delate TITLE ☐ Change ☐ Addition COBB, CAROLYN NAME NAME STREET ADDRESS 2953 HOLLY RD STREET ADDRESS ORANGE PARK FL 32065 City-St-7iP CITY-ST-ZiP TD TITLE ☐ Delete Change \_\_\_\_\_Addition CALDWELL, LEORA NAME NAME SIRFET ADDRESS 210 NORTH PINE DRIVE STREET ADDRESS **TAMPA FL 33613** CITY-ST-ZIP CITY-ST-ZIP **EVPD** ☐ Delete TITLE Change TITLE ncitibbA [] GOODSPEED, MIRIAM NAIZE NAME STREET ADDRESS 392 LAKEVIEW DR STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 attachmen) with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7/2

**SIGNATURE** 

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SERENTI, NICHOLAS

WELLBORN FL 32094

PO BOX 760

☐ Delete

FeB. 28 2008 (386) 756

☐ Change

Addition

## ATTACHMENT

40040941 # 198000055406

