

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005706

FILED
Apr 08, 2009
Secretary of State

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

Current Principal Place of Business:

5414 TURTON LANE
PORT ORANGE, FL 32127 US

New Principal Place of Business:

1000 SANDLE WOOD DR
PORT ORANGE, FL 32127 US

Current Mailing Address:

5414 TURTON LANE
PORT ORANGE, FL 32127 US

New Mailing Address:

1000 SANDLE WOOD DR
PORT ORANGE, FL 32127 US

FEI Number: 59-0301234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

CARROLL, PAULA G
1000 SANDLE WOOD DR
PORT ORANGE, FL 32127 US

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:

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: SD () Delete
Name: COBB, CAROLYN
Address: 2953 HOLLY RD
City-St-Zip: ORANGE PARK, FL 32065 US

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

Title: EVPD () Delete
Name: GOODSPEED, MIRIAM
Address: 392 LAKEVIEW DR
City-St-Zip: PALM HARBOR, FL 34683

Title: VPD () Delete
Name: SERENTI, NICHOLAS
Address: PO BOX 760
City-St-Zip: WELLBORN, FL 32094

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAULA CARROLL

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date