

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004065

FILED  
Jan 25, 2008  
Secretary of State

Entity Name: FILM COMMISSION OF REAL FLORIDA, INC.

## Current Principal Place of Business:

1025 SW 1ST AVE  
SUITE B  
OCALA, FL 34474

## New Principal Place of Business:

1914 CLATTERBRIDGE ROAD  
OCALA, FL 34471

## Current Mailing Address:

1025 SW 1ST AVE  
SUITE B  
OCALA, FL 34474

## New Mailing Address:

1914 CLATTERBRIDGE ROAD  
SUITE B  
OCALA, FL 34471

FEI Number: 59-3606243

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

POTAPOW, KITTY  
6383 SE 21ST COURT RD  
OCALA, FL 34474 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: POTAPOW, KITTY  
Address: 6383 SE 21CT RD  
City-St-Zip: OCALA, FL 34474

Title: EVPD ( ) Delete  
Name: BOB, CUBBAGE  
Address: P. O. BOX 607  
City-St-Zip: DUNNELLON, FL 34430

Title: VPD ( ) Delete  
Name: PLATT, HERBERT M  
Address: 10626 SW 12TH TERRACE  
City-St-Zip: MICANOPY, FL 32667

Title: SD ( ) Delete  
Name: HUNT, REBECCA  
Address: 4001 SW 13TH STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: T ( ) Delete  
Name: POTAPOW, KITTY  
Address: 6383 SE 21ST COURT ROAD  
City-St-Zip: OCALA, FL 34474

## 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:

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: KITTY POTAPOW

PD

01/25/2008

Electronic Signature of Signing Officer or Director

Date