

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000008897

Entity Name: FLORIDA SURF FILM FESTIVAL, INC.**Current Principal Place of Business:**1414 ART CENTER AVE
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**1414 ART CENTER AVE
NEW SMYRNA BEACH, FL 32168 US**FEI Number:** 81-1189572**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLER, KEVIN
2225 VIA LUNA
WINTER PARK, FL 32789 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRPERSON, EXECUTIVE
DIRECTOR
Name MILLER, KEVIN MICHAEL
Address 2225 VIA LUNA
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name WARSHAW, MATTHEW
Address 2426 9TH W AVE
City-State-Zip: SEATTLE WA 98119-2521

Title DIRECTOR
Name MACALUSO, THOMAS
Address 301 W TROTTERS DR
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name HULET, SCOTT
Address 2 PUERTO VALDEMO
City-State-Zip: SAN CLEMENTE CA 92672

Title VICE CHAIR, FESTIVAL DIRECTOR
Name BROOKS, JOHN
Address 4712 DIXIE DRIVE
City-State-Zip: PONCE INLET FL 32127

Title DIRECTOR
Name SCALES, DAVID
Address 10191 VIRGIL CIRCLE
City-State-Zip: CYPRESS CA 90630

Title DIRECTOR
Name SMITH, CHARLES
Address 1414 ART CENTER AVE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name ANDERSEN, LISA
Address 1414 ART CENTER AVE.
City-State-Zip: NEW SMYRNA BEACH FL 32168

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I hereby 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 all other like empowered.

SIGNATURE: KEVIN MILLER**EXECUTIVE DIRECTOR****01/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FROST, JAMES
Address 207 OCEAN DRIVE
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DIRECTOR
Name HILL, LAUREN
Address 1414 ART CENTER AVE.
City-State-Zip: NEW SMYRNA BEACH FL 32168