

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000008897

**Entity Name:** FLORIDA SURF FILM FESTIVAL, INC.**Current Principal Place of Business:**4493 S. ATLANTIC AVE. #804  
NEW SMYRNA BEACH, FL 32169**Current Mailing Address:**1331 SAXON DR #153  
NEW SMYRNA BEACH, FL 32169 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 204 RUSH ST.  
UNIT 1  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR  
Name SCALES, DAVID  
Address 1407 ERNEST HEMINGWAY DR.  
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR  
Name SMITH, CHARLES  
Address 1651 SOMERSET AVE.  
City-State-Zip: CARDIFF BY THE SEA CA 92007

Title DIRECTOR  
Name ANDERSEN, LISA  
Address 1414 ART CENTER AVE.  
City-State-Zip: NEW SMYRNA BEACH FL 32169

**Continues on page 2**

*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****02/04/2025**

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                 MOODY, BRAD  
Address             1200 W. INTERNATIONAL SPEEDWAY BLVD  
City-State-Zip:    DAYTONA BEACH FL 32114

Title                   DIRECTOR  
Name                 HILL, LAUREN  
Address             BROKEN HEAD ROAD  
City-State-Zip:    BROKEN HEAD NEW SOUTH WALES  
                         10000