

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743060 (6)

1. Corporation Name

PROFESSIONAL PHOTOGRAPHERS SOCIETY OF NORTH FLORIDA, INC.



Principal Place of Business

Mailing Address

1830 KINGS AVE
JACKSONVILLE FL 32207
US

1830 KINGS AVE
JACKSONVILLE FL 32207
US

3. Date Incorporated or Qualified: 05/31/1978
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business
21 10929 Brentfield Rd
22 Suite, Apt. #, etc.
23 Jacksonville FL
24 32225
25 ~~Duval~~
26 10929 Brentfield Rd
27 Suite, Apt. #, etc.
28 Jacksonville FL
29 32225
30 US

4. FEI Number: 59-3014334
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

FAVORITE, BETSY R
1830 KINGS AVE
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Lillie (Lisa) A. Kievit-Kuhner
82 Street Address (P.O. Box Number is Not Acceptable): 10929 Brentfield Rd
83
84 City: Jacksonville FL 85 Zip Code: 32225

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Lillie (Lisa) A. Kievit-Kuhner, President DATE: 3-15-96

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, B J	
STREET ADDRESS	5219 TIMUQUANA RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLSON, JOE	
STREET ADDRESS	5219 TIMUQUANA RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FAVORITE, BETSY	
STREET ADDRESS	1830 KINGS AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	CAMPIZ, RAMFIS	
STREET ADDRESS	7761 OLD KINGS RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	KIEVIT, LISA	
STREET ADDRESS	3754 CARMICHAEL AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BEGONIA, QUIEL	
STREET ADDRESS	760 ARRAN CT.	
CITY-ST-ZIP	ORANGE PARK FL 32073	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Terry Walburg	
1.3 STREET ADDRESS	8434 Rockridge Dr	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32244	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MIKE FRASER	
3.3 STREET ADDRESS	5111-4 Baymeadows Rd	
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32217	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lisa Kievit-Kuhner	
5.3 STREET ADDRESS	10929 Brentfield Rd	
5.4 CITY-ST-ZIP	JACKSONVILLE FL 32225	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lillie (Lisa) A. Kievit-Kuhner DATE: 3-16-96 DAYTIME PHONE #: 904-646-9888

CR2E037 (12/95)

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