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FILED
Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

1029 BRENTFIELD RD
JACKSONVILLE FL 32225
US

1029 BRENTFIELD RD
JACKSONVILLE FL 32225
US

3. Date Incorporated or Qualified
05/31/1978

3a. Date of Last Report
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

10929 Brentfield Rd

4. FEI Number

59-3014334

Applied For

Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

City & State

City & State

Jax FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

32225

FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIEVIT-KUHNER, LILLIE (LISA) A
1029 BRENTFIELD RD
JACKSONVILLE FL 32225

81

Name

LISA KIEVIT-KUHNER

82

Street Address (P.O. Box Number is Not Acceptable)

10929 Brentfield Rd

83

84

City

Jax

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WALBURG, TERRY	
STREET ADDRESS	8434 ROCKRIDGE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILLSON, JOE	
STREET ADDRESS	5219 TIMUGUANA RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FRASER, MIKE	
STREET ADDRESS	5111-4 BRENTFIELD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	TT	<input checked="" 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	KIEVIT-KUHNER, LISA	
STREET ADDRESS	1029 BRENTFIELD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOE WILLSON	
1.3 STREET ADDRESS	5219 Timuguana Rd	
1.4 CITY-ST-ZIP	Jax FL 32210	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Quiel Begonia	
2.3 STREET ADDRESS	760 Arron Ct	
2.4 CITY-ST-ZIP	Orange Park FL 32073	
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	Jax FL 32217	
4.1 TITLE	TT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Donna Campiz	
4.3 STREET ADDRESS	7761 Old Kings Rd	
4.4 CITY-ST-ZIP	Jax FL 32217	
5.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LISA KIEVIT-KUHNER	
5.3 STREET ADDRESS	10929 Brentfield	
5.4 CITY-ST-ZIP	Jax 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lisa Kievit-Kuhner KIEVIT

1-11-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077388

CR2E037 (9/96)