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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 743060 (6)
1. Corporation Name
PROFESSIONAL PHOTOGRAPHERS SOCIETY OF NORTH FLORIDA, INC.

Principal Place of Business: 1029 BRENTFIELD RD JACKSONVILLE FL 32225 US
Mailing Address: 10929 BRENTFIELD RD JACKSONVILLE FL 32225 US



2. Principal Place of Business
21 2406 Ligustrum Rd.
22 Suite, Apt. #, etc.
23 Jacksonville, FL
24 32211 25 USA
26 2406 Ligustrum Rd.
27 Suite, Apt. #, etc.
28 Jacksonville, FL
29 32211 30 USA

3. Date Incorporated or Qualified: 05/31/1978
4. FEI Number: 59-3014334
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
KIEVIT-KUHNER
1029 BRENTFIELD RD
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent
81 Name: Michael C. Fraser
82 Street Address (P.O. Box Number is Not Acceptable):
83 2406 Ligustrum Rd.
84 City: Jacksonville FL 85 Zip Code: 32211

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: MICHAEL C. FRASER M.C. Fraser 1-13-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILSON, JOE	
STREET ADDRESS	5219 TIMUQUANA RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	QUEIL, BEGONIA	
STREET ADDRESS	760 ARRON CT	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRASER, MIKE	
STREET ADDRESS	5111-4 BRENTFIELD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	CAMPIZ, RAMFIS	
STREET ADDRESS	7761 OLD KINGS RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KIEVIT-KUHNER, LISA	
STREET ADDRESS	1029 BRENTFIELD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHAEL C. FRASER	
1.3 STREET ADDRESS	2406 LIGUSTRUM RD.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211	
2.1 TITLE	FIRST VICE PRESIDENT VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ken Remsen	
2.3 STREET ADDRESS	4001-27 Argyle Forest Blvd Suite 224	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32244	
3.1 TITLE	SECOND VICE PRESIDENT VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ramfis campiz	
3.3 STREET ADDRESS	7761 Old Kings Rd.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217	
4.1 TITLE	TREASURER TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DONNA CAMPIZ	
4.3 STREET ADDRESS	7761 Old Kings Rd.	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217	
5.1 TITLE	Secretary SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Joe Willson	
5.3 STREET ADDRESS	5219 Timuquana Rd.	
5.4 CITY-ST-ZIP	JACKSONVILLE FL	
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 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: Michael C. FRASER - PRESIDENT 1-13-98 M.C. Fraser

CFR2037 (10/97)

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