


FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90061 037 ****61.25

002461

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # F97000005865

1. Corporation Name

SOCIETY FOR PHOTOGRAPHIC EDUCATION, INC.

Principal Place of Business

P.O. BOX 2811
 DAYTONA BEACH FL 32120-2811

Mailing Address

P.O. BOX 2811
 DAYTONA BEACH FL 32120-2811



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/05/1997	
22 City & State		27 City & State		4. FEI Number -	
23 Zip		28 Zip		13-2853963	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

MURPHY, JAMES J
 1200 W. INTERNATIONAL SPEEDWAY BLVD
 BLDG. 12 ROOM 1122
 DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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]* Executive Director, April 16, '99
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED VCD	1.1 TITLE	VCD
NAME	WHITE, WENDEL	1.2 NAME	WILLIAM E. WILLIAMS
STREET ADDRESS	101 MOHICAN DRIVE	1.3 STREET ADDRESS	370 LANCASTER AVE.
CITY-ST-ZIP	ABESCON NJ	1.4 CITY-ST-ZIP	HAVERFORD, PA 19041
TITLE	VCD	2.1 TITLE	
NAME	KOLB, GARY	2.2 NAME	
STREET ADDRESS	1 SOUTHMOOR STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARBONDALE IL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	FISH, ALIDA	3.2 NAME	CARRIE PETERSON
STREET ADDRESS	1816 MILLERS ROAD	3.3 STREET ADDRESS	220 BARBERRY LN.
CITY-ST-ZIP	ARDEN DE	3.4 CITY-ST-ZIP	LEXINGTON, KY
TITLE	SD	4.1 TITLE	
NAME	TAYLOR, MAGGIE	4.2 NAME	
STREET ADDRESS	5701 SW 17TH DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 4/16/99 Daytime Phone # 617-453-2365

CR2E037 (11/98)