

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N07791	
1. Entity Name THE SOCIETY OF PHOTOGRAPHIC ART, INC.	
Principal Place of Business 390 S.W. 55 TERRACE FT LAUDERDALE, FL 33317-3538 US	Mailing Address 390 S.W. 55 TERRACE FT LAUDERDALE, FL 33317-3538



DO NOT WRITE IN THIS SPACE

07312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0127713	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CALDWELL, WADE 390 S.W. 55 TERRACE PLANTATION, FL 33317	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CALDWELL, WADE 390 SW 55 TERR. PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDWELL, LORI 193 OVERLOOK ROAD WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERDUCI, SERGIO 7460 SAN CLEMENTE PLACE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDWELL, MICHAEL 9264 NW 17TH STREET CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000375373
08/08/05-800005-006 70.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Caldwell* - Wade Caldwell **7/30/05** **954-689-8794**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #