## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N07791

THE SOCIETY OF PHOTOGRAPHIC ART, INC.



**FILED** Apr 28, 2006 08:00 AN Secretary of State

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



04192006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 65-0127713 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CALDWELL, WADE 390 S.W. 55 TERRACE PLANTATION, FL 33317

SIGNATURE:

## 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						
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$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		·	·	U00000539726	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDWELL, LORI 193 OVERLOOK ROAD WINTER PARK, FL 32789				05/09/06-80111-016 70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERDUCI, SERGIO 7460 SAN CLEMENTE PLACE BOCA RATON, FL 33433	· _· .		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDWELL, MICHAEL 9264 NW 17TH STREET CORAL SPRINGS, FL 33071			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.						

TED NAME OF SIGNING OFFICER OR DIRECTOR