2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N07791

1. Entity Name
THE SOCIETY OF PHOTOGRAPHIC ART, INC.

Principal Place of Business	Mailing Address
390 S.W. 55 TERRACE FT LAUDERDALE, FL 33317-3538 US	390 S.W. 55 TERRACE FT LAUDERDALE, FL 33317-3538

06272007 No Chg-NP CR2E037 (4/06)

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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

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

Filing Fee is $61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

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

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07/10/07-80019-008 70.00

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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.

SIGNATURE: W Caldwell - Wade Caldwell 6/25/07 954-581-0024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #