

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002033

FILED
Jul 30, 2008
Secretary of State

Entity Name: PROFESSIONAL PHOTOGRAPHERS OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2145 NW 147TH ST
NEWBERRY, FL 32669 US

New Principal Place of Business:

Current Mailing Address:

2145 NW 147TH ST
NEWBERRY, FL 32669 US

New Mailing Address:

FEI Number: 59-3249355 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RADLINSKI, KRYSTAL
2145 NW 147TH ST
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RADLINSKI, KRYSTAL
Address: 2145 NW 147TH ST
City-St-Zip: NEWBERRY, FL 32669

Title: VD () Delete
Name: RADLINSKI, MATT
Address: 2145 NW 147TH ST
City-St-Zip: NEWBERRY, FL 32669

Title: VD () Delete
Name: METZ, MONICA
Address: 4229 NW 43RD ST J-77
City-St-Zip: GAINESVILLE, FL 32606

Title: SD () Delete
Name: CAMPBELL, ROBERTA
Address: 4542 S.E. 31ST PLACE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: BRILL, SAMUEL
Address: 4302 NW 21ST DRIVE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRYSTAL O. RADLINSKI

MS.

07/30/2008

Electronic Signature of Signing Officer or Director

Date