

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90027 011 ****70.00

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1. Corporation Name

PROFESSIONAL PHOTOGRAPHERS SOCIETY OF NORTH FLORIDA, INC.

Principal Place of Business

2406 LIGUSTRUM RD.
JACKSONVILLE FL 32211
US

Mailing Address

2406 LIGUSTRUM RD.
JACKSONVILLE FL 32211
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/31/1978

4. FEI Number

59-3014334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FRASER, MICHAEL L
2406 LIGUSTRUM RD.
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
FRASER, MICHAEL L
STREET ADDRESS 2406 LIGUSTRUM RD.
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ DELETE

NAME VD
REMSON, KEN
STREET ADDRESS 4001-27 ARGGLE FOREST BLVD SUITE 224
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ DELETE

NAME VD
CAMPIZ, RAMFIS
STREET ADDRESS 7761 OLD KINGS RD.
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ DELETE

NAME TD
CAMIZ, DONNA
STREET ADDRESS 7761 OLD KINGS RD.
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ DELETE

NAME SD
WILLSON, JOE
STREET ADDRESS 5219 TIMUQUANIA RD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD
Ken Remsen
5000-18 Hwy 17 suite 163
Jacksonville, FL 32244

VD
Susan Michal
10418 Dockside Dr. W.
Jacksonville, FL 32217

TD
Ramfis Campiz
7761 Old Kings Rd.
Jacksonville, FL 32217

SD
Tom Stitt
5204 Robert Scott Dr. S.
Jacksonville, FL 32207

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-99 (904) 910-3899

CR2E037 (11/98)