2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743060

FILED Jul 07, 2004 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

RAMFIS PHOTOGRAPHIC 2880 MANDARIN MEADOWS DR N JACKSONVILLE, FL 32223 US

Current Mailing Address: New Mailing Address:

RAMFIS PHOTOGRAPHIC 2880 MANDARIN MEADOWS DR N JACKSONVILLE, FL 32223 US

FEI Number: 59-3014334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DALY, GLORIA

8164 AMBERWOOD CT

JACKSONVILLE, FL 32244 US

MICHAL, SUSAN

4007 DEERHOLLOW LANE

JACKSONVILLE, FL 32257 US

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: SUSAN MICHAL 07/07/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

Name: DALY, GLORIA Name: MICHAL, SUSAN

Address: 8164 AMBERWOOD CT Address: 4007 DEERHOLLOW LANE
City-St-Zip: JACKSONVILLE, FL 32244 US City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VPD () Delete Title: () Change () Addition

 Name:
 ESTES, BRENDA
 Name:

 Address:
 552 EDWARD RULLEDGE ST
 Address:

 City-St-Zip:
 ORANGE PARK, FL 32073
 City-St-Zip:

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: KRISTIN, JIRAN Name: MYATT, MICHAEL

Address: 9977 BAYVIEW AVE Address: 2840 COUNTRY CLUB DRIVE City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN MICHAL PRES 07/07/2004