

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743060

FILED  
Jan 19, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

CAMPIZ, RAMFIS  
2880 MANDARIN MEADOWS DRIVE N  
JACKSONVILLE, FL 32223 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: JOSEPH, MICHAEL  
Address: 3758 BEAUCLERC ROAD  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VPD ( ) Delete  
Name: TANKERSLEY, PAT  
Address: 1750 LEYBURN COURT  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD ( ) Delete  
Name: COENEN, CURT  
Address: 3853 HENDRICKS AVE.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: TREA ( ) Delete  
Name: CAMPIZ, RAMFIS  
Address: 2880 MANDARIN MEADOWS DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: TANKERSLEY, PATRICK  
Address: 1750 LEYBURN COURT  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VPD (X) Change ( ) Addition  
Name: COENEN, CURT  
Address: 3853 HENDRICKS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD (X) Change ( ) Addition  
Name: BRUM, JENNIFER  
Address: 3825 DEER CHASE PLACE EAST  
City-St-Zip: JACKSONVILLE, FL 32224

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: RAMFIS CAMPIZ

TRES

01/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date