2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 02, 2018
Secretary of State
CC5947635237

DOCUMENT# 747597

Entity Name: FLORIDA PROFESSIONAL PHOTOGRAPHERS, INC.

Current Principal Place of Business:

13804 LAKE VILLAGE PLACE
TAMPA, FL 33618

Current Mailing Address:

13804 LAKE VILLAGE PLACE
TAMPA, FL 33618 US

FEI Number: 59-1172038

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEWSOME, V KAYE
13804 LAKE VILLAGE PLACE
TAMPA, FL 33618 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	STRICKLAND, CINDY
Address	5750 CR 12
City-State-Zip:	TALLAHASSEE FL 32312

Title	DIRECTOR
Name	GRIVJACK, MARTY
Address	17114 123RD TERR. NORTH
City-State-Zip:	JUPITER FL 33478

Title	PRESIDENT
Name	VALARIE, HOFFMAN
Address	13411 PARKER COMMONS BLVD. #103
City-State-Zip:	FT MYERS FL 33912

Title	DIRECTOR
Name	SEWELL, MELISSA
Address	1113 RIFLECREST AVE
City-State-Zip:	VALRICO FL 33594

Title	EXECUTIVE SECRETARY
Name	NEWSOME, VALERIE K
Address	13804 LAKE VILLAGE PLACE
City-State-Zip:	TAMPA FL 33618

Title	VP
Name	NEWKIRK, MARTHA
Address	8633 PLANTATION RIDGE BLVD
City-State-Zip:	LAKELAND FL 33809

Title	SECRETARY, TREASURER
Name	SACCIO, STEVE
Address	541 EAST TENNESSEE ST
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	LEWIS, RHEA
Address	6887 CYPRESS COVE CIRCLE
City-State-Zip:	JUPITER FL 33458

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I hereby 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 all other like empowered.

SIGNATURE: VALERIE KAYE NEWSOME EXECUTIVE DIRECTOR 10/02/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PETERSEN, MICHAEL
Address	11251 BENT PINE DR
City-State-Zip:	FT MYERS FL 33913

Title	DIRECTOR
Name	MACFARLANE, PATRICIA
Address	13227 HAYS RD
City-State-Zip:	SPRING HILL FL 34610