2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2013
Secretary of State
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Entity Name: FLORIDA PROFESSIONAL PHOTOGRAPHERS, INC.

Current Principal Place of Business:

11738 N. DALE MABRY HWY.
TAMPA, FL 33618

Current Mailing Address:

11738 N. DALE MABRY HWY
TAMPA, FL 33618 US

FEI Number: 59-1172038

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NEWSOME, V KAYE
11738 N. DALE MABRY HWY
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	PRESIDENT
Name	MCAULEY, SANDRA
Address	1122 SW 15TH ST.
City-State-Zip:	OKEECHOBEE FL 34974

Title	VP
Name	GUDZ, MARTIN
Address	6174 SW CR 360
City-State-Zip:	MADISON FL 32340

Title	D
Name	HUGHES, GARY
Address	1603 WILSON AVE.
City-State-Zip:	ORLANDO FL 32804

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

Title	DIRECTOR
Name	CAMPIZ, DONNA H
Address	2880 MANDARIN MEADOWS DR N
City-State-Zip:	JACKSONVILLE FL 32223

Title	SECRETARY
Name	KOONTZ, JACKSON III
Address	PO BOX 6878
City-State-Zip:	OCALA FL 34478

Title	DIRECTOR
Name	WALKER, CAROL
Address	7925 4TH ST., N.
City-State-Zip:	ST. PETERSBURG FL 33702

Title	DIRECTOR
Name	FULLGRAF, BRITNEY
Address	302 EAST BELVEDERE ST
City-State-Zip:	LAKELAND FL 33803

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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: JACKSON KOONTZ, III SECRETARY 01/22/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	VAN DUSEN, PATRICK
Address	3539 BAREBACK TRAIL
City-State-Zip:	ORMOND BEACH FL 32174