

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33791

Entity Name: PALM BEACH PHOTOGRAPHIC CENTRE, INC.**Current Principal Place of Business:**415 CLEMATIS ST
WEST PALM BEACH, FL 33401**Current Mailing Address:**415 CLEMATIS ST
WEST PALM BEACH, FL 33401 US**FEI Number:** 59-2801420**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEJAME, FATIMA
415 CLEMATIS
WEST PALM BEACH, FL 33401 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, PRESIDENT
Name	NEJAME, FATIMA
Address	6525 SOUTH FLAGLER DRIVE
City-State-Zip:	WEST PALM BEACH FL 33405

Title	DIRECTOR, SECRETARY
Name	KOENIGSBERG, JAY
Address	3120 AVIATION AVENUE
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR, TREASURER
Name	ROBERTS, CAROL
Address	3620 GARDENS PARKWAY 601B
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	NEJAME, ARTHUR B
Address	6525 S FLAGLER
City-State-Zip:	WEST PALM BEACH FL 33405

Title	DIRECTOR
Name	KAPLAN, DAILE
Address	104 E. 25 ST. 6TH FLOOR
City-State-Zip:	NEW YORK NY 10012

Title	DIRECTOR
Name	MC KIERNAN, SCOTT
Address	408 N EL CAMINO REAL
City-State-Zip:	SAN CLEMENTE CA 92672

Title	DIRECTOR
Name	ANTHONY, BANNON
Address	1300 ELMWOOD AVE
City-State-Zip:	BUFFALO NY 14222

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: FATIMA NEJAME**PRESIDENT****02/07/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date