

2020 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, TREASURER
Name ROBERTS, CAROL
Address 3620 GARDENS PARKWAY
601B
City-State-Zip: PALM BEACH GARDENS FL 33410

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

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

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

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

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

Title DIRECTOR
Name VERSACE, VINCENT
Address PO BOX 291428
City-State-Zip: LOS ANGELES CA 90029

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****03/19/2020**

Electronic Signature of Signing Officer/Director Detail

Date