

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712876

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** FLORIDA CAMERA CLUB COUNCIL, INC.

**Current Principal Place of Business:**

255 SAN CRISTOBAL AVE  
PUNTA GORDA, FL 33983 US

**New Principal Place of Business:**

**Current Mailing Address:**

255 SAN CRISTOBAL AVE  
PUNTA GORDA, FL 33983 US

**New Mailing Address:**

**FEI Number:** 59-2134194

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZINNEMAN, THOMAS  
255 SAN CRISTOBAL AVE  
PUNTA GORDA, FL 33983 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: LIVERNOIS, JOHN  
Address: 3934 HADDEN TRACE  
City-St-Zip: NORTH PORT, FL 34287

Title: TD ( ) Delete  
Name: ZINNEMAN, THOMAS  
Address: 255 SAN CRISTOBAL AVE  
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: D ( ) Delete  
Name: HYNES, BERNIE  
Address: 4202 PERCH CR  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: SD ( ) Delete  
Name: MACDOUGALL, CAROL  
Address: 14423 SILVER LAKES CIR  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D ( ) Delete  
Name: AKER, BEVERLY  
Address: 3934 HADDEN TERRACE  
City-St-Zip: NORTH PORT, FL 34287

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THOMAS ZINNEMAN

TD

04/13/2009

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

\_\_\_\_\_  
Date