

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740069

FILED
Mar 26, 2007
Secretary of State

Entity Name: THE PROFESSIONAL PHOTOGRAPHERS GUILD OF FLORIDA, INC.

Current Principal Place of Business:

23262 NOEL WAY
ATTN: LORI LAYE
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

23262 NOEL WAY
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: 59-2331424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAYE, LORI L S
23262 NOEL WAY
BOCA RATON, FL, FL 33313 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: D () Delete
Name: PAYNE, SALLY
Address: 1561 NE 34TH COURT #110
City-St-Zip: OAKLAND PARK, FL 33334

Title: VP () Delete
Name: WILLIE, HILL
Address: 265 SOUTH FEDERAL HIGHWAY
City-St-Zip: DANIA, FL 33304

Title: D () Delete
Name: COLLINS, THOMAS
Address: 6302 NW 201ST TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: P () Delete
Name: GILLARD, LOU
Address: 2880 W OAKLAND PARK BLVD S-208
City-St-Zip: FOR TLAUDERDALE, FL 33311 US

Title: D () Delete
Name: DEE DEE, ROWE
Address: 11944 NW 12 STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: LAYE, JON
Address: 23262 NOEL WAY
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: WILLIE, HILL
Address: 265 SOUTH FEDERAL HIGHWAY
City-St-Zip: DANIA, FL 33304

Title: D (X) Change () Addition
Name: COLLINS, THOMAS
Address: 6302 NW 201ST TERRACE
City-St-Zip: MIAMI, FL 33015

Title: P (X) Change () Addition
Name: GILLARD, LOU
Address: 2880 W OAKLAND PARK BLVD S-208
City-St-Zip: FORT LAUDERDALE, FL 33311 US

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 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 COLLINS

D

03/26/2007

Electronic Signature of Signing Officer or Director

Date