
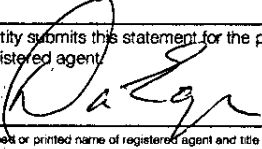
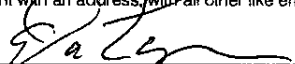


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 11 AM 11:56

DOCUMENT # 743058			
1. Entity Name TALLAHASSEE PROFESSIONAL PHOTOGRAPHERS GUILD, INC.			
Principal Place of Business 1410 MARKET STREET STE B TALLAHASSEE, FL 32312 US		Mailing Address 1410 MARKET ST STE B TALLAHASSEE, FL 32312 US	
2. Principal Place of Business 4517 Bowfin Drive Suite, Apt. #, etc.		3. Mailing Address 4517 Bowfin Drive Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32303	Country USA	Zip FL 32303	Country USA
6. Name and Address of Current Registered Agent GUDZ, MARTIN FSA TUDOR ROSE PHOTOGRAPHY 226 NE ROCKY FORD RD. MADISON, FL 32340		7. Name and Address of New Registered Agent Name Eggleston, David Street Address (P.O. Box Number is Not Acceptable) 4517 Bowfin Drive City Tallahassee FL Zip Code 32303	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 8/11/2004	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUDZ, MARTIN 226 NE ROCKY FORD RD. MADISON, FL 32340 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Eggleston, David 4517 Bowfin Drive Tallahassee, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMB, KEVIN 527 COFFEE RD. THOMASVILLE, GA 31757 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dust, Alan 477 Scotland Road Havana, FL 32333 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STRICKLAND, JOAN 500 MACKAY RD. TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Strickland, Joan 500 Mackay Rd. Tallahassee, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGGLESTON, DAVID 4517 BOWFIN DRIVE TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Eggleston, Margaret 4517 Bowfin Drive Tallahassee, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVORY, LYNN 526 GLENVIEW DR. TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jarmon, Darryl 129 Beauford Rd Havana, FL 32333 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 8/11/2004 (850) 551-6101	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



08102004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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