

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 743058

1. Entity Name  
TALLAHASSEE PROFESSIONAL PHOTOGRAPHERS  
GUILD, INC.



**FILED**

09 AUG 20 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~4517 BOWEN DRIVE~~  
TALLAHASSEE, FL 32303 US

Mailing Address  
~~4517 BOWEN DRIVE~~  
TALLAHASSEE, FL 32303 US

825 South Bohanna Dr, Tall, FL 32305 ✓ same

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08202009 REIN-NP

CR2E099 (1/07)

4. FEI Number

~~NOT APPLICABLE~~ 26-2038054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARMON, DARRYL  
129 BEAUFORD ROAD  
HAVANA, FL 32333

Name **GARDNER, RONALD**  
Street Address (P.O. Box Number is Not Acceptable)  
**5516 Mossy Top Way**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$122.50**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **P**  
NAME **JARMON, DARRYL**  
STREET ADDRESS **129 BEAUFORD ROAD**  
CITY-ST-ZIP **HAVANA, FL 32333** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  
NAME **P.J. Pellerin**  
STREET ADDRESS **825 South Bohanna Dr,**  
CITY-ST-ZIP **Tallahassee, FL 32305** ☐ Change ☐ Addition

TITLE **VP**  
NAME **Cindy Strickland**  
STREET ADDRESS **5750 County Rd 12**  
CITY-ST-ZIP **Tallahassee, FL 32312** ☐ Change ☐ Addition

TITLE **T**  
NAME **RONALD GARDNER**  
STREET ADDRESS **5516 Mossy Top Way**  
CITY-ST-ZIP **Tallahassee, FL 32303** ☐ Change ☐ Addition

TITLE **S**  
NAME **Linda Long**  
STREET ADDRESS **6023 Ranch Rd,**  
CITY-ST-ZIP **Tallahassee, FL 32311** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

**REINSTATEMENT**

300159774883  
08/20/09--01011--008 \*\*122.50

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #