2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State
07-05-2006 90001 002 ****61.25

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1. Entity Name
THE PROFESSIONAL PHOTOGRAPHERS GUILD OF MID-FLORIDA, INC.

Principal Place of Business	Mailing Address
2903 AVENUE G. NW WINTER HAVEN, FL 33880-2146 US	2903 AVENUE G. NW WINTER HAVEN, FL 33880-2146 US

05092006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2315370 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, BETTY J.
2903 AVENUE G, N.W.
WINTER HAVEN, FL 33880-2146

7. Name and Address of New Registered Agent

Name: Phillips, Robin
Street Address (P.O. Box Number is Not Acceptable): 1505 S. Florida Ave
City: Lakeland FL Zip Code: 33803

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: Robin Phillips 5/18/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCDONALD, BETTY J 2903 AVENUE G. N.W. WINTER HAVEN, FL 338802146	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Tony Hopman 5380 S. Florida Ave Lakeland, FL 33813	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ TAYLOR, NOEL 5726 SCOTT LAKE HILLS LN LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ PERKINS, JERRY 704 N MASS AVE LAKELAND, FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JERRY PERKINS 1744 MAHAFFEY CIRCLE LAKELAND, FL. 33811	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINES, PHIL 298 SE AVE O WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PHILLIPS, ROBIN 1505 S FL AVE LAKELAND, FL 33803	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Fred Bingson 451 Eagle Ridge Dr. Suite 472 Lake Wales, FL 33853	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRADSHAW, LYNN 116 SANDBURG LANE WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 5-18-06 863-255-0214
Signature and Typed or Printed Name of Individual Authorized Officer or Director — Date — Daytime Phone #