

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2007 8:00 am**  
**Secretary of State**

08-16-2007 90014 012 \*\*\*\*61.25

**DOCUMENT # 743059**

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



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

Mailing Address  
**2903 AVENUE G. NW  
WINTER HAVEN, FL 33880-2146 US**

401255000



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

**1505 S. Florida Ave**

3. Mailing Address

**1505 S. Florida Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08132007 Chg-NP CR2E037 (12/06)

City & State

**Lakeland, FL**

City & State

**Lakeland, FL**

4. FEI Number  
**59-2315370**

Applied For

Not Applicable

Zip

**33803**

Country

**USA**

Zip

**33803**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**PHILLIPS, ROBIN  
1505 S. FLORIDA AVE  
LAKELAND, FL 33803**

7. Name and Address of New Registered Agent

Name

**Mike Potthast**

Street Address (P.O. Box Number is Not Acceptable)

**234 West Central Ave**

City

**Winter Haven**

FL

Zip Code

**33880**

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 acknowledge 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)

**8-13-07**

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

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

TITLE **TD** ☐ Delete  
NAME **TAYLOR, NOEL**  
STREET ADDRESS **5726 SCOTT LAKE HILLS LN**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **P** ☒ Delete  
NAME **PERKINS, JERRY**  
STREET ADDRESS **1744 MAHAFFEY CIRCLE**  
CITY-ST-ZIP **LAKELAND, FL 33811**

TITLE **D** ☐ Delete  
NAME **HINES, PHIL**  
STREET ADDRESS **298 SE AVE O**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **D** ☐ Delete  
NAME **BRADSHAW, LYNN**  
STREET ADDRESS **116 SANDBURG LANE**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **~~Secretary~~** ☐ Delete  
NAME **~~Mike Potthast~~**  
STREET ADDRESS **~~234 West Central Ave~~**  
CITY-ST-ZIP **~~Winter Haven, FL 33880~~**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Change ☐ Ad  
NAME  
STREET ADDRESS **SAME**  
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Ad  
NAME **Tony Hopman**  
STREET ADDRESS **5380 S. Florida Ave**  
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE ☐ Change ☐ Ad  
NAME  
STREET ADDRESS **SAME**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Ad  
NAME  
STREET ADDRESS **SAME**  
CITY-ST-ZIP

TITLE ☐ Change ☒ Ad  
NAME **Secretary**  
STREET ADDRESS **Mike Potthast**  
CITY-ST-ZIP **234 West Central Ave**  
**Winter Haven, FL 33880**

TITLE ☐ Change ☒ Ad  
NAME **D**  
STREET ADDRESS **Rick Pezzementi**  
CITY-ST-ZIP **356 Third St N.W.**  
**Winter Haven, FL 33881**

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

**M. Phillips**