

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743059

FILED
Apr 09, 2009
Secretary of State

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

Current Principal Place of Business:

1505 S. FLORIDA AVE
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

1505 S. FLORIDA AVE
LAKELAND, FL 33803 US

New Mailing Address:

FEI Number: 59-2315370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTLHAST, MIKE
234 WEST CENTRAL AVE
WINTER HAVEN, FL 33880 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: VP () Delete
Name: TAYLOR, NOEL
Address: 5726 SCOTT LAKE HILLS LN
City-St-Zip: LAKELAND, FL 33813

Title: P () Delete
Name: HOPMAN, TONY
Address: 5380 S. FLORIDA AVE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: HINES, PHIL
Address: 298 SE AVE O
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: BRADSHAW, LYNN
Address: 116 SANDBURG LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: S () Delete
Name: POTTHAST, MIKE
Address: 234 WEST CENTRAL AVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: PEZZIMENT, RICK
Address: 356 THIRD ST NW
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: HOPMAN, ANTHONY
Address: 5541 EMERALD RIDGE BLVD
City-St-Zip: LAKELAND, FL 33813

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

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

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 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: ANTHONY P. HOPMAN

TREA

04/09/2009

Electronic Signature of Signing Officer or Director

Date