# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 15, 2008**
**Secretary of State**

DOCUMENT# 743060

**Entity Name:** PROFESSIONAL PHOTOGRAPHERS SOCIETY OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

RAMFIS PHOTOGRAPHIC
2880 MANDARIN MEADOWS DR N
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

**Current Mailing Address:**

RAMFIS PHOTOGRAPHIC
2880 MANDARIN MEADOWS DR N
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

**FEI Number: 59-3014334** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CAMPIZ, RAMFIS
2880 MANDARIN MEADOWS DRIVE N
JACKSONVILLE, FL 32223 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: PD ( ) Delete
Name: JOSEPH, MICHAEL
Address: 3758 BEAUCLERC ROAD
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VPD ( ) Delete
Name: HARDAGE, GERALD
Address: 217 SOUTH HAMPTON CLUB WAY
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VPD ( ) Delete
Name: TANKERSLEY, PAT
Address: 1750 LEYBURN COURT
City-St-Zip: JACKSONVILLE, FL 32223

Title: TREA ( ) Delete
Name: CAMPIZ, RAMFIS
Address: 2880 MANFARIN MEADOWS DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD (X) Change ( ) Addition
Name: TANKERSLEY, PAT
Address: 1750 LEYBURN COURT
City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD (X) Change ( ) Addition
Name: COENEN, CURT
Address: 3853 HENDRICKS AVE.
City-St-Zip: JACKSONVILLE, FL 32207

Title: TREA (X) Change ( ) Addition
Name: CAMPIZ, RAMFIS
Address: 2880 MANDARIN MEADOWS DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32223

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: RAMFIS CAMPIZ TRES 01/15/2008
Electronic Signature of Signing Officer or Director — Date