

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743060

FILED
Jan 19, 2009
Secretary of State

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: TANKERSLEY, PAT
Address: 1750 LEYBURN COURT
City-St-Zip: JACKSONVILLE, FL 32223

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: BRUM, JENNIFER
Address: 3825 DEER CHASE PLACE EAST
City-St-Zip: JACKSONVILLE, FL 32224

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: RAMFIS CAMPIZ

TRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date