FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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'95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMITTED BY MAY 1

CORPORATION ANNUAL REPORT

1995 5-1-95 B-6194-

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743061** **(4)**

1. Corporation Name

PROFESSIONAL PHOTOGRAPHERS' SOCIETY OF CENTRAL F LORIDA, INC.

Principal Place of Business	Mailing Address
2902 CORRINE DR. ORLANDO FL 32803 US	2902 CORRINE DR. ORLANDO FL 32803 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/31/1978**
3a. Date of Last Report: **04/13/1994**
4. FEI Number: **59-1850441** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2902 CORRINE DR.	26 2902 CORRINE DR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 ORLANDO FL	28 ORLANDO, FL
24 Zip 32803 25 Country USA	29 Zip 32803 30 Country USA

9. Name and Address of Current Registered Agent

LUCAS, KAREN
2902 CORRINE DR.
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: KAREN LUCAS
82 Street Address (P.O. Box Number is Not Acceptable): 2902 CORRINE DRIVE
83
84 City: ORLANDO FL 85 Zip Code: 32803

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Karen Lucas 4-28-95
Signature of, and typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	1.1 TITLE	P/T	☒ Change ☐ Addition
NAME	KELLY, TIM	1.2 NAME	CULLIPHER, LEE	
STREET ADDRESS	1925 SYCAMORE DRIVE	1.3 STREET ADDRESS	1315 W. BROADWAY	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	OVIEDO, FL 32803 32765	
TITLE	VT	2.1 TITLE	V/T	☒ Change ☐ Addition
NAME	NEAL, BEVERLEY	2.2 NAME	NEAL, BEVERLY	
STREET ADDRESS	2215 EDGEWATER DR.	2.3 STREET ADDRESS	3235 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	VT	3.1 TITLE	V/T	☐ Change ☒ Addition
NAME	PARRA, ANDY	3.2 NAME	TORREGROSA, SUSAN	
STREET ADDRESS	8050 DUNSTABLE CIRCLE	3.3 STREET ADDRESS	6326 WYNDLOW LANE	
CITY-ST-ZIP	ORLANDI FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	S	4.1 TITLE	T	☒ Change ☐ Addition
NAME	WILSON, BRUCE	4.2 NAME	WILSON, BRUCE	
STREET ADDRESS	700 WEST VINE ST.	4.3 STREET ADDRESS	700 WEST I.B.M. HWY 192	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	D	5.1 TITLE	S	☐ Change ☒ Addition
NAME	CULLIPHER, LEE D.	5.2 NAME	BROWN, JUDI	
STREET ADDRESS	1315 W. BROADWAY	5.3 STREET ADDRESS	8577 HACKNEY PRAIRIE Rd.	
CITY-ST-ZIP	OVIEDO FL	5.4 CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	LUCAS, KAREN	6.2 NAME	SAME	
STREET ADDRESS	2902 CORRINE DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen Lucas KAREN LUCAS 4-28-95 (407) 898 8399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003943