FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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.

600001860906
-06/13/96--01015--026
***61.25

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

3. Date Incorporated or Qualified: **05/31/1978**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 P. O. Box 149884
22 Suite, Apt. #, etc.
23 City & State: ORLANDO, FL
24 Zip: 32814 25 Country: USA

2a. Mailing Address
26 P.O. Box 149884
27 Suite, Apt. #, etc.
28 City & State: ORLANDO, FL
29 Zip: 32814 30 Country: USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: LEE CULLIPHER
82 Street Address (P.O. Box Number is Not Acceptable): 1315 W. BROADWAY
83
84 City: OVIEDO FL 85 Zip Code: 32765

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Lee Culliph 5/24/96
(Signature, 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	☐ DELETE	1.1 TITLE	DT	☒ Change ☐ Addition
NAME	CULLIPHER, LEE		1.2 NAME		
STREET ADDRESS	1315 W BROADWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-ST-ZIP		
TITLE	VT	☒ DELETE	2.1 TITLE	VT	☐ Change ☒ Addition
NAME	NEAL, BEVERELL		2.2 NAME	JIM TURNER	
STREET ADDRESS	3235 EDGEWATER DR		2.3 STREET ADDRESS	1033 E. MONTANA ST.	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	VT	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	TORREGROSA, SUSAN		3.2 NAME		
STREET ADDRESS	6326 WYNGLOW LANE		3.3 STREET ADDRESS	6330 FOXBRIAR TRAIL	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	T	☐ DELETE	4.1 TITLE	PT	☒ Change ☐ Addition
NAME	WILSON, BRUCE		4.2 NAME		
STREET ADDRESS	700 W IBM HWY 192		4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME	BROWN, JUDI		5.2 NAME	JOHN LUCAS, III	
STREET ADDRESS	8577 HACKNEY PRAIRIE RD		5.3 STREET ADDRESS	2902 CORRINE DR.	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	☒ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME	LUCAS, KAREN		6.2 NAME	ANDY PARRA	
STREET ADDRESS	2902 CORRINE DR.		6.3 STREET ADDRESS	8050 DUNSTABLE CIRCLE	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	ORLANDO, FL 32817	

CR2E037 (12/95)

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)(k), 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: Lee Culliph 5/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Lee Culliph
(407) 366-6436
Daytime Phone #