

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McRham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743061** (4)
1. Corporation Name
PROFESSIONAL PHOTOGRAPHERS' SOCIETY OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address
P.O. BOX 149884 **1657 Cedar Glen Dr**
ORLANDO FL 32814 **APOPKA, FL**
US **32712**
US **ORLANDO FL 32814-8884**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/31/1978	3a. Date of Last Report 05/01/1996
		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 CULLIPHER, LEE 1315 W. BROADWAY OVIEDO FL 32765	10. Name and Address of New Registered Agent 81 Name Kathy Gumina 82 Street Address (P.O. Box Number is Not Acceptable) 1657 Cedar Glen Dr 83 84 City APOPKA FL 85 Zip Code 32712
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *Kathy Gumina* 8/26/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	NAME	Change Addition
DT	CULLIPHER, LEE	☒	Pres.	Jeff Wilkerson	☒
STREET ADDRESS	1315 W BROADWAY		1.2 NAME	2823 Bleid Owl Dr	
CITY-ST-ZIP	OVIEDO FL		1.3 STREET ADDRESS	Orlando 32822	
TITLE	NAME	DELETED	1.4 CITY-ST-ZIP		
VT	TURNER, JIM	☒	2.1 TITLE	2 VP	☒
STREET ADDRESS	1033 E. MONTANA ST.		2.2 NAME	Andy Para	☒
CITY-ST-ZIP	ORLANDO FL 32803		2.3 STREET ADDRESS	8050 Dunstable Cir.	
TITLE	NAME	DELETED	2.4 CITY-ST-ZIP	Orlando, FL 32817	
T	TORREGROSA, SUSAN	☐	3.1 TITLE	UP	☒
STREET ADDRESS	6326 WYNGLOW LANE		3.2 NAME	John Lucas III	☒
CITY-ST-ZIP	ORLANDO FL		3.3 STREET ADDRESS	2902 Corrine Dr	
TITLE	NAME	DELETED	3.4 CITY-ST-ZIP	Orlando FL 32803	
PT	WILSON, BRUCE	☒	4.1 TITLE	Seet	☒
STREET ADDRESS	700 W IBM HWY 192		4.2 NAME	Dale Denton	☒
CITY-ST-ZIP	KISSIMEE FL		4.3 STREET ADDRESS	20846 Hwy 44-A	
TITLE	NAME	DELETED	4.4 CITY-ST-ZIP	Eustis FL 32736	
V	LUCAS, JOHN III	☐	5.1 TITLE		☐
STREET ADDRESS	2902 CORRINE DR.		5.2 NAME		☐
CITY-ST-ZIP	ORLANDO FL 32803		5.3 STREET ADDRESS		☐
TITLE	NAME	DELETED	5.4 CITY-ST-ZIP		☐
S	PARRA, ANDY	☒	6.1 TITLE		☐
STREET ADDRESS	8050 DUNSTABLE CIRCLE		6.2 NAME		☐
CITY-ST-ZIP	ORLANDO FL 32817		6.3 STREET ADDRESS		☐
			6.4 CITY-ST-ZIP		☐

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)