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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton 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

1657 CEDAR GLEN DR.
APOPKA FL 32712
US

1657 CEDAR GLEN DR.
APOPKA FL 32712
US

3. Date Incorporated or Qualified

05/31/1978

4. FEI Number

59-1850441

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2823 Blind Owl DR.
Suite, Apt. #, etc.

26 2823 Blind Owl DR.
Suite, Apt. #, etc.

City & State

City & State

23 Orlando FL

28 Orlando FL

24 32822
Zip

25 USA
Country

29 32822
Zip

30 USA
Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUMINA, KATHY
1657 CEDAR GLEN DR.
APOPKA FL 32712

81 Name

Kim Wilkinson

82 Street Address (P.O. Box Number is Not Acceptable)

2823 Blind Owl DR.

83

84 City

Orlando

FL

85 Zip Code

32822

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 Kim Wilkinson Kim Wilkinson - Executive Director 2/24/98

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 P ☐ DELETE

NAME WILKERSON, JEFF
STREET ADDRESS 2823 BLIND OWL DR.
CITY-ST-ZIP ORLANDO FL 32822

1.1 TITLE President "D" ☒ Change ☐ Addition

1.2 NAME Wilkinson, Jeff
1.3 STREET ADDRESS 2823 Blind Owl Dr.
1.4 CITY-ST-ZIP Orlando, FL 32812

PD

TITLE VPD ☒ DELETE

NAME PARA, ANDY
STREET ADDRESS 8050 DUNSTABLE CIR.
CITY-ST-ZIP ORLANDO FL 32817

2.1 TITLE 2nd Vice President "D" ☐ Change ☒ Addition

2.2 NAME GRANT ROSS
2.3 STREET ADDRESS 575 Bloomington CRT # 14 VPD
2.4 CITY-ST-ZIP Altamonte Springs, FL 32714

TITLE D ☐ DELETE

NAME TORREGROSA, SUSAN
STREET ADDRESS 6326 WYNGLOW LANE
CITY-ST-ZIP ORLANDO FL

3.1 TITLE Treasurer "D" ☒ Change ☐ Addition

3.2 NAME TORREGROSA, SUSAN
3.3 STREET ADDRESS 6330 Foxbriar Trail
3.4 CITY-ST-ZIP Orlando FL 32818

TD

TITLE VPD ☒ DELETE

NAME LUCAS, JOHN III
STREET ADDRESS 2902 CORPINE DR.
CITY-ST-ZIP ORLANDO FL 32803

4.1 TITLE Secretary "D" ☐ Change ☒ Addition

4.2 NAME Debra Libby
4.3 STREET ADDRESS 6109 Hialeah St.
4.4 CITY-ST-ZIP Orlando FL 32808

SD

TITLE SD ☐ DELETE

NAME DEATON, DALE
STREET ADDRESS 20846 HWY. 44-A
CITY-ST-ZIP EUSTIS FL 32738

5.1 TITLE Vice President "D" ☒ Change ☐ Addition

5.2 NAME Dale Deaton
5.3 STREET ADDRESS 20846 HWP 44A
5.4 CITY-ST-ZIP Eustis, FL 32738

VPD

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Executive Director "D" ☐ Change ☒ Addition

6.2 NAME Kim Wilkinson
6.3 STREET ADDRESS 2823 Blind Owl DR.
6.4 CITY-ST-ZIP Orlando FL 32822

MD

14. I 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.

SIGNATURE: Kim Wilkinson Kim Wilkinson 2/24/98 407-375-0989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (10/97)