


FILE NOW: FILING FEE IS \$61.25

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Mar 29, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # 743061																																																																																																																																																					
1. Corporation Name PROFESSIONAL PHOTOGRAPHERS' SOCIETY OF CENTRAL FLORIDA, INC.																																																																																																																																																					
Principal Place of Business 2823 BLIND OWL DR ORLANDO FL 32822 US			Mailing Address 2823 BLIND OWL DR ORLANDO FL 32822 US																																																																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/31/1978 4. FEI Number 59-1850441 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																	
9. Name and Address of Current Registered Agent WILKINSON, KIM 2823 BLIND OWL DR ORLANDO FL 32822 <i>(Wilkinson)</i>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																																																																																																																																																		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																					
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OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>WILKERSON, JEFF</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2823 BLIND OWL DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32812</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SVPD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ROSS, GRANT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>575 BLOOMINGTON CRT., #14</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ALTAMONTE SPRINGS FL 32714</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>TORREGROSA, SUSAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6330 FOXBRIAR TRAIL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32818</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DEATON, DALE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>20846 HWY 44A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32803</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DEATON, DALE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>20846 HWY. 44-A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>EUSTIS FL 32736</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ED</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>WILKINSON, KIM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2823 BLIND OWL DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32822</td> <td></td> </tr> </table>			TITLE	PD	<input checked="" type="checkbox"/> DELETE	NAME	WILKERSON, JEFF		STREET ADDRESS	2823 BLIND OWL DR.		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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)