

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90164 044 \*\*\*\*61.25

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 743062**

1. Corporation Name

**NORTH-WEST SECTION FLORIDA PROFESSIONAL PHOTOGRAPHERS, INC.**

Principal Place of Business  
218 NORTH SPRING STREET  
PENSACOLA FL 32501

Mailing Address  
218 NORTH SPRING STREET  
PENSACOLA FL 32501



|                                |                     |                     |                     |   |                               |
|--------------------------------|---------------------|---------------------|---------------------|---|-------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>05/31/1978   |                               |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>59-2946171   | Applied For<br>Not Applicable |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |                               |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |                               |
| 24                             | Country             | 29                  | Country             | 30  |                               |

9. Name and Address of Current Registered Agent

**MALINOWSKI, RAY**  
218 N. SPRING STREET  
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |

**FL**

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

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                      |
|----------------------------|--------------------------|---|----------------------|
| TITLE                      | P                        | 1.1 TITLE   | P                    |
| NAME                       | WHITE, PAUL              | 1.2 NAME  | Wise, Charlie        |
| STREET ADDRESS             | 120 ELM ST               | 1.3 STREET ADDRESS                                    | 3309 W Street        |
| CITY-STATE-ZIP             | PENSACOLA FL 32506       | 1.4 CITY-STATE-ZIP                                    | Pensacola FL 32506   |
| TITLE                      | VP                       | 2.1 TITLE   | VP                   |
| NAME                       | WISE, CHARLIE            | 2.2 NAME  | Suggs, David         |
| STREET ADDRESS             | 3309 W ST                | 2.3 STREET ADDRESS                                    | 351 Jenny Cir.       |
| CITY-STATE-ZIP             | PENSACOLA FL 32505       | 2.4 CITY-STATE-ZIP                                    | Pace, FL 32571       |
| TITLE                      | S                        | 3.1 TITLE   | S                    |
| NAME                       | SUGGS, DAVID             | 3.2 NAME  | Weber, David         |
| STREET ADDRESS             | 351 JENNY CIR            | 3.3 STREET ADDRESS                                    | 4311 MOLINO MEADOWS  |
| CITY-STATE-ZIP             | PACE FL 32571            | 3.4 CITY-STATE-ZIP                                    | Molino, FL 32577     |
| TITLE                      | T                        | 4.1 TITLE   | T                    |
| NAME                       | BROWNE, TED              | 4.2 NAME  | BOWNE, Ted           |
| STREET ADDRESS             | 9735 HOLLOWBROOK         | 4.3 STREET ADDRESS                                    | 9735 Hollowbrook Dr. |
| CITY-STATE-ZIP             | PENSACOLA FL 32514       | 4.4 CITY-STATE-ZIP                                    | Pensacola, FL 32514  |
| TITLE                      | D                        | 5.1 TITLE   | D. White, Paul       |
| NAME                       | HOOD, BEN                | 5.2 NAME  | 120 Elm St           |
| STREET ADDRESS             | 4644 HICKORY SHORES BLVD | 5.3 STREET ADDRESS                                    | Pensacola, FL 32506  |
| CITY-STATE-ZIP             | GULF BREEZE FL 32561     | 5.4 CITY-STATE-ZIP                                    |                      |
| TITLE                      | D                        | 6.1 TITLE   |                      |
| NAME                       | MCCOY, KAREN             | 6.2 NAME  |                      |
| STREET ADDRESS             | 372 OKALOOSA RD NE       | 6.3 STREET ADDRESS                                    |                      |
| CITY-STATE-ZIP             | FT WALTON BEACH FL 32548 | 6.4 CITY-STATE-ZIP                                    |                      |

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, with all other like empowered.

SIGNATURE: *Richard H. Bowne* **RICHARD H. BOWNE** 4/26/99 850-479-8230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)