

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2004 8:00 am**  
**Secretary of State**

07-02-2004 90002 019 \*\*\*\*61.25

**DOCUMENT # 743062**

1. Entity Name  
**NORTHWEST 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**

**54059635**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06242004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2946171**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☒ Delete  
NAME TOMCHAY, DJ  
STREET ADDRESS 1191-A EGLIN PKWY PMB 187  
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE ☒ Change ☐ Addition  
NAME Tomchay, DJ  
STREET ADDRESS 981-3 Hwy 98E #201  
CITY-ST-ZIP Destin, FL 32541

TITLE P ☒ Delete  
NAME HOLLY, JANEENE  
STREET ADDRESS 625 MANCHESTER RD  
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE VP ☒ Change ☐ Addition  
NAME Holly Janeene  
STREET ADDRESS 625 Manchester Rd.  
CITY-ST-ZIP Fort Walton Beach, FL 32547

TITLE S ☐ Delete  
NAME WILLOUR, JUDY  
STREET ADDRESS 180 MIDDLE PLANTATION RD.  
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE T ☐ Change ☒ Addition  
NAME Bowne, Ted  
STREET ADDRESS 9735 Hollow Brook Dr  
CITY-ST-ZIP Pensacola, FL 32514

TITLE D ☒ Delete  
NAME CARTER, TOM  
STREET ADDRESS 5649 SUNFLOWER AVE.  
CITY-ST-ZIP MILTON, FL 32570

TITLE D ☐ Change ☒ Addition  
NAME Robert C. ARMOR  
STREET ADDRESS 607 Lloyd St  
CITY-ST-ZIP Ft Walton Bch, FL 32547

TITLE D ☐ Delete  
NAME WHITE, KAREN SUMMER  
STREET ADDRESS 507 CHINAS COVE, UNIT D  
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE D ☐ Change ☒ Addition  
NAME Patsy Brown  
STREET ADDRESS 17 S. Palafox Ste 110  
CITY-ST-ZIP Pensacola, FL 32502

TITLE D ☐ Delete  
NAME AUDLEMAN, AL  
STREET ADDRESS 106 E. GREGORY STREET  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Theodore H. Bowne* Theodore H. Bowne 6/30/04 850-479-8230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #