


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90030 021 ****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**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04292007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2946171 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25 Due by May 1, 2007

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLY, JANEENE	
STREET ADDRESS	625 MANCHESTER ROAD	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILHEUR, JUDY	
STREET ADDRESS	180 MIDDLE PLANTATION ROAD	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHITE, KAREN SUMMER	
STREET ADDRESS	507 CHINAS COVE, UNIT D	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, TOM	
STREET ADDRESS	5649 SUNFLOWER AVE.	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOWNE, TED	
STREET ADDRESS	9735 HOLLOWBROOK DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUDLEMAN, AL	
STREET ADDRESS	106 E. GREGORY STREET	
CITY-ST-ZIP	PENSACOLA, FL 32501	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, Karen Summer	
STREET ADDRESS	507 Chinas Cove, Unit D	
CITY-ST-ZIP	Fort Walton Bch. FL. 32547	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMOR, Bob	
STREET ADDRESS	607 Lloyd St.	
CITY-ST-ZIP	Fort Walton Bch. FL. 32547	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilhour, Judy	
STREET ADDRESS	105 Middle Plantation Rd	
CITY-ST-ZIP	Gulf Breeze, FL. 32561	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Patsy	
STREET ADDRESS	5140 Prieto Dr.	
CITY-ST-ZIP	Pensacola, FL 32506	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cantwell, Renee	
STREET ADDRESS	612 Bards town st	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Audleman, AL	
STREET ADDRESS	700 ARMenia DR #A	
CITY-ST-ZIP	Pensacola, FL 32505	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **4/30/07** **850 478-6638**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

850 572-5723