


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90170 001 ****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 # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | D WHITE, KAREN SUMNER <input checked="" type="checkbox"/> Delete 507 CHINAS COVE, UNIT D FORT WALTON BEACH, FL 32547 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Armor, Bob 607 Lloyd St. Fort Walton Beach, FL 32547 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input checked="" type="checkbox"/> Delete ARMOR, BOB 607 LLOYD ST. FORT WALTON BEACH, FL 32547 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Holly, Janeene 625 Manchester Rd. Fort Walton Beach, FL 32547 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input checked="" type="checkbox"/> Delete WILHOUR, JUDY 108 MIDDLE PLANTATION RD GULF BREEZE, FL 32561 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cantwell, Renee PMB 203 40 West Nine Mile Rd #2 Pensacola, FL 32534 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete BROWN, PATSY 5140 PRIETO DR. PENSACOLA, FL 32506 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nation, Philip 9568 Munson Hwy Milton, FL 32570 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input checked="" type="checkbox"/> Delete CANTWELL, RENEE 812 BARDSTOWN ST. CANTONMENT, FL 32533 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition White, Karen Sumner 507 Chinas Cove Fort Walton Beach, FL 32547 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete AUDLEMAN, AL 700 ARMENIAN DR. #A PENSACOLA, FL 32505 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bowne, Theodore 9735 Hollowbrook Dr. Pensacola, FL 32514 | |
| 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: <i>Philip M Nation</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4-28-08 (850) 957-1636 <small>Date Daytime Phone #</small> | | |

ATTACHMENT 40094950
#743062

Attachment to section 11 for additional Directors
for the Northwest Section Florida Professional
Photographers, Inc.

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Catanesse, Cathy 10 Southwind Ct. Niceville, FL 32578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Carter, Tom 5649 Sunflower Ave. Milton, FL 32570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Tomchay, DJ PMB 203 40 West Nine Mile Rd #2 Pensacola, FL 32534 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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