

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743062

FILED
Aug 01, 2009
Secretary of State

Entity Name: NORTHWEST SECTION FLORIDA PROFESSIONAL PHOTOGRAPHERS, INC.

Current Principal Place of Business:

218 NORTH SPRING STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

218 NORTH SPRING STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-2946171 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARMOR, BOB
Address: 607 LLOYD STREET
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VD () Delete
Name: HOLLY, JANEENE
Address: 625 MANCHESTER ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: S () Delete
Name: CANTWELL, RENEE
Address: PMB 203, 403 W NINE MILE ROAD, #2
City-St-Zip: PENSACOLA, FL 32534

Title: T () Delete
Name: NATION, PHILIP
Address: 9568 MUNSON HWY
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: WHITE, KAREN SUMNER
Address: 507 CHINAS COVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: BOWNE, THEODORE
Address: 9735 HOLLOWBROOK DRIVE
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CANTWELL, RENEE
Address: 612 BARDSTOWN STREET
City-St-Zip: CANTONMENT, FL 32533

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CARTER, TOM
Address: 5649 SUNFLOWER AVENUE
City-St-Zip: MILTON, FL 32570

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP NATION

T

08/01/2009

Electronic Signature of Signing Officer or Director

_____ Date