

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90103 040 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

FILE NOW: FEE IS \$61.25

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 **P** ☐ Delete
NAME **TOMCHAY, DJ**
STREET ADDRESS **1191-A EGLIN PKWY PMB 187**
CITY-ST-ZIP **SHALIMAR FL 32579**

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

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

TITLE **VP** ☒ Change ☐ Addition
NAME **Tomchay, D.J.**
STREET ADDRESS **1191 A EGLIN PKWY 187**
CITY-ST-ZIP **Shalimar FL 32579**

TITLE **D** ☒ Delete
NAME **JORDAN, BRENDA**
STREET ADDRESS **P.O. BOX 44 OR 320 B BAYSHORE DR**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **S** ☐ Change ☒ Addition
NAME **Willoughby, Judy**
STREET ADDRESS **180 Middle Plantation Rd**
CITY-ST-ZIP **Gulf Breeze, FL 32561**

TITLE **T** ☐ Delete
NAME **BOWNE, TED**
STREET ADDRESS **9735 HOLLOWBROOK**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☐ Change ☒ Addition
NAME **Carter, Tom**
STREET ADDRESS **5649 Sunflower Ave**
CITY-ST-ZIP **Milton, FL 32570**

TITLE **D** ☐ Delete
NAME **BERARDI, MIKE**
STREET ADDRESS **83 2ND AVE**
CITY-ST-ZIP **SHALIMAR FL 32597**

TITLE **D** ☐ Change ☐ Addition
NAME **White, Karen Summer**
STREET ADDRESS **507 Chinas Cove, Unit D**
CITY-ST-ZIP **Fort Walton Beach, FL 32547**

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: Heodore H. Bowne **REQUITED** Heodore H. Bowne 3/5/03 850 479-8230

CR2E037 (10/02)