

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747597

FILED
Jan 09, 2010
Secretary of State

Entity Name: FLORIDA PROFESSIONAL PHOTOGRAPHERS, INC.

Current Principal Place of Business:

13424 WHITE CYPRESS RD
ASTATULA, FL 34705

New Principal Place of Business:

Current Mailing Address:

13424 WHITE CYPRESS RD
ASTATULA, FL 34705

New Mailing Address:

FEI Number: 59-1172038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROWNOVER, TERI
13424 WHITE CYPRESS RD
ASTATULA, FL 34705 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: ED
Name: CROWNOVER, TERI
Address: 13424 WHITE CYPRESS RD.
City-St-Zip: ASTATULA, FL 34705

Title: PP
Name: NOCERA, CHERILYN M
Address: 419 SANTA BARBARA BLVD.
City-St-Zip: CAPE CORAL, FL 33911

Title: P
Name: ALCORN, DEBBIE
Address: 4243 TROUT DR SE
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: VP
Name: CROUCH, SUE
Address: 585 JACKSON AVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D
Name: CAMPIZ, DONNA
Address: 2880 MANDARIN MEADOWS DR N
City-St-Zip: JACKSONVILLE, FL 32223

Title: S/T
Name: DANA, LUNDEN
Address: 8713 ELMDALE PLACE
City-St-Zip: TAMPA, FL 33637

I hereby 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 all other like empowered.

SIGNATURE: TERI CROWNOVER

ED

01/09/2010

Electronic Signature of Signing Officer or Director

Date