

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90058 012 \*\*\*\*61.25

DOCUMENT # N04000003652

1. Entity Name  
ORLANDO CAMERA CLUB, INC.



Principal Place of Business  
99 EAST MARKS STREET  
ORLANDO, FL 32803 US

Mailing Address  
660 MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701 US

400000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
80-0103910

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

BLYE, KENNETH A DR.  
2528 GREENWILLOW DRIVE  
ORLANDO, FL 32825

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME BENNETT, WAYNE DR  
STREET ADDRESS 973 VICTORIA TERR  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE ☒ Change ☐ Addition  
NAME GERMYN, SUSAN  
STREET ADDRESS 403 WOODSTEAD CIR.  
CITY-ST-ZIP LONEWOOD, FL. 32779

TITLE VP ☐ Delete  
NAME TANZER, STEVE  
STREET ADDRESS 226 SHADY OAKS CIRCLE  
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE VP ☒ Change ☐ Addition  
NAME FRANCIS, JOHN  
STREET ADDRESS 357 WOLDUNN CIR.  
CITY-ST-ZIP LAKE MARY, FL. 32746

TITLE T ☐ Delete  
NAME FAUTHEY, BRUCE  
STREET ADDRESS 660 MAITLAND AVE  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE T ☒ Change ☐ Addition  
NAME FRUTCHY, BRUCE  
STREET ADDRESS 660 MAITLAND AVE  
CITY-ST-ZIP ALTAMONTE SPGS, FL. 32701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*BRUCE FRUTCHY* 1/3/07 407-260-6600