

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 08, 2012
Secretary of State

Entity Name: PROFESSIONAL PHOTOGRAPHERS SOCIETY OF NORTH FLORIDA, INC.

Current Principal Place of Business:

2880 MANDARIN MEADOWS DR N
JACKSONVILLE, FL 32223

New Principal Place of Business:

2880 MANDARIN MEADOWS DR N
JACKSONVILLE, FL 32223 UN

Current Mailing Address:

2880 MANDARIN MEADOWS DR N
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 36-4693124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPIZ, RAMFIS
2880 MANDARIN MEADOWS DR N
JACKSONVILLE, FL 32223 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: PD
Name: FECITT, DAMON
Address: 12129 AUTUMN SUNRISE DR
City-St-Zip: JACKSONVILLE, FL 32246

Title: VPD
Name: FLOYD, KEVIN
Address: 1658 PEBBLE BEACH BLVD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VPD
Name: JOSEPH, MICHAEL
Address: 3758 BEAUCLERO RD
City-St-Zip: JACKSONVILLE, FL 32257

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

Title: SD
Name: DEUSCHLE, KEELY
Address: 3478 WHITE WING ROAD
City-St-Zip: ORANGE PARK, FL 32073

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: RAMFIS CAMPIZ

TREA

01/08/2012

Electronic Signature of Signing Officer or Director

Date