NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N22417

(2)

SUNCOAST PROFESSIONAL PHOTOGRAPHERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address		
1359 CHESTERFIELD DR	1359 CHESTERFIELD DR		
CLEARWATER FL 34616	CLEARWATER FL 34616		



CLEARWATER	FL 34616	CLEARWATER FL 34616		1			
				3. Date Incorporated or Qualified 09/09/1987	3a. Date of Last Report 05/01/1995		
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For Not Applicable		
Suite, Apt. #	t etc	Suite, Apt. #, etc.			\$8.75 Additional		
	Harbor Hill PKW		4:11 PKW	5. Certificate of Status Desired	Fee Required		
City & State		City & State Harb		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country USA	Zip /	Codntry	8. This corporation has liability for in			
24 3469	9. Name and Address of Current		RISA	Florida Statutes L  10. Name and Address of New Re	Yes No		
BURGESS, LEE  BURGESS, LEE  1359 CHESTERFIELD DR  CLEARWATER FL 34616  B1 Name  Thrasher  Street Address (P.O. Box Number is Not Acceptable)  13.75 Herbor Hill Parkway  63							
			84 City S	afity Harbon	FL  85   34695		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation sybmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if apolicable (NOTE: Registered Agent signature required when reinstating):  OATE							
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI			
TITLE	D	DELETE	1 1 TITLE	President.	Change Addition		
NAME	STORMS, TERRY		12 NAME	John Mark Thrash	her		
STREET ADDRESS	1701 DREW ST		1.3 STREET ADDRESS	1375 Harbor Hill	$PK\omega y$		
CITY-ST-ZIP	CLEARWATER FL	□DELETE	1.4 CITY - ST - ZIP 2 1 TITLE	Safity Harbor, FL Vice-president	34695		
TITLE	PD Burgess, Lee		2 2 NAME		Similar Limited		
NAME	1359 CHESTERFIELD DR		2 3 STREET ADDRESS	David Lake	۸۱.		
STREET ADDRESS	CLEARWATER FL		2 4 CITY-ST-ZIP	8849 109th Lane Schinole, TL 34	10.12		
CITY-ST-ZIP	ST	DELETE	31 TITLE -	Sea catany Tanasa	Change Addition		
NAME	LAKE, DAVID	_	32 NAME	Bachana	/*		
STREET ADDRESS	8849 109TH LANE N.		33 STREET ADDRESS	1701 Drawet #0			
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP	Secretary - Treasa Barbara Stormes 1701 Drewst #8 Clearwater, FL	3 41./5		
TITLE	D	DELETE	4.1 TITLE				
NAME	THRASHER, CARROLL		4 2 NAME	Terry Allison			
STREET ADDRESS	1375 HARBOR HILL PKWY		43 STREET ADDRESS	Terry Alliean Precy 907 34th St. S St. Petiroonig, The 3			
CITY-ST-ZIP_	SAFETY HARBOR FL		4.4 CITY - ST - ZIP	907 3411 81.3	37// Change Addition		
TITLE	VO	DELETE	51 TITLE	21. LELMONIAL	Change Addition		
NAME	THRASHER, JOHN MARK		52 NAME		į		
STREET ADDRESS	1375 HARBOR HILL PKWY.		5 3 STREET ADDRESS	60000186	89006		
CITY-ST-ZIP	SAFETY HARBOR FL	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	60000186 	24-02 Change [] Addition		
TITLE			6.1 IIILE .	***61.25	La oninge La nooner		
NAME			1	_			
STREET ADDRESS			6.3 STREET ADDRESS	$\wedge C - 0$	1-960R		
CITY-ST-ZIP			6 4 CITY - ST - ZIP	$ \cup$ $\circ$			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Babaca Stormes Barbara Stormes 4-29-96 83-446-663

Barbara Stormes 4-29-96 83-446-663

Baytine Phone #

CR2E037 (12/95)