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FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22417 (2)

1. Corporation Name

SUNCOAST PROFESSIONAL PHOTOGRAPHERS ASSOCIATION,
INC.

Principal Place of Business

1375 HARBOR HILL PKWY
SAFETY HARBOR FL 34695
US

Mailing Address

1375 HARBOR HILL PKWY
SAFETY HARBOR FL 34695-4154
US3. Date Incorporated or Qualified
09/09/19873a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 8998-A Seminole Blvd

Suite, Apt. #, etc.

22 City & State
Seminole FL

23 Zip Country

24 34642-3850

25

2a. Mailing Address

26 8998-A Seminole Blvd

Suite, Apt. #, etc.

27 City & State
Seminole FL

28 Zip Country

29 33772

30 34642-3850

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

THRASHER, JOHN MARK
1375 HARBOR HILL PKWY
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name

Lake, David

82 Street Address (P.O. Box Number is Not Acceptable)

8998-A Seminole Blvd

83

84 City

Seminole

FL

85 Zip Code

33772

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits 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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-97

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME STORMS, TERRY
STREET ADDRESS 1701 DREW ST
CITY-ST-ZIP CLEARWATER FLTITLE PD ☒ DELETE
NAME BURGESS, LEE
STREET ADDRESS 1359 CHESTERFIELD DR
CITY-ST-ZIP CLEARWATER FLTITLE D ☐ DELETE
NAME ALLISON, TERRY
STREET ADDRESS 901 34 ST, SOUTH
CITY-ST-ZIP ST PETERSBURG FL 33711TITLE D ☒ DELETE
NAME THRASHER, CARROLL
STREET ADDRESS 1375 HARBOR HILL PKWY
CITY-ST-ZIP SAFETY HARBOR FL 34695TITLE P ☒ DELETE
NAME THRASHER, JOHN MARK
STREET ADDRESS 1375 HARBOR HILL PKWY.
CITY-ST-ZIP SAFETY HARBOR FL 34695TITLE VP ☐ DELETE
NAME LAKE, DAVID
STREET ADDRESS 8849 109 LANE NORTH
CITY-ST-ZIP SEMINOLE FL 34642

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME David Lake, David
1.3 STREET ADDRESS 8998-A Seminole Blvd
1.4 CITY-ST-ZIP Seminole FL 34642-3850 337722.1 TITLE V ☐ Change ☒ Addition
2.2 NAME Stormes, Barbara
2.3 STREET ADDRESS 1701 Drew St Ste B
2.4 CITY-ST-ZIP Clearwater FL 34615-62113.1 TITLE S/T ☐ Change ☒ Addition
3.2 NAME Warmolts, L. Kim
3.3 STREET ADDRESS 997 Appaloosa Rd
3.4 CITY-ST-ZIP Tarpon Springs FL 34689-90684.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Allison, Terry
4.3 STREET ADDRESS 901 34th St S
4.4 CITY-ST-ZIP Saint Petersburg FL 33711-22095.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Barrows, Karen
5.3 STREET ADDRESS 100 Meteor Ave N
5.4 CITY-ST-ZIP Clearwater FL 346256.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Thibault, Keith
6.3 STREET ADDRESS 5902 Missouri Ave
6.4 CITY-ST-ZIP New Port Richey FL 34652

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0069280

CR2E037 (9/96)