

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90127 007 ****61.25

DOCUMENT # N27097

1. Corporation Name

ATLANTIC PROFESSIONAL PHOTOGRAPHERS ASSOCIATION,
INC.

Principal Place of Business

5090 DALEHURST DR
COCOA FL 32926
US

Mailing Address

5090 DALEHURST DR
COCOA FL 32926
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/23/1988

4. FEI Number

59-2961711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WHEELER, MIKE
5090 DALEHURST DR
COCOA FL 32926

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BOOROM, GARY
STREET ADDRESS 467 FORREST AVE, 119
CITY-ST-ZIP COCOA FL
☐ DELETE

TITLE D
NAME CROUCH, SUE
STREET ADDRESS 599 SHERWOOD AVE
CITY-ST-ZIP SATTELLITE BEACH FL 32937
☐ DELETE

TITLE D
NAME NICHOLS, DARRELL
STREET ADDRESS 593 COMANCHE AVE
CITY-ST-ZIP MELBOURNE FL 32935
☒ DELETE

TITLE D
NAME DAVID A. SHIRAH
STREET ADDRESS 990 CAROLINA CIRCLE
CITY-ST-ZIP TITUSVILLE FL
☐ DELETE

TITLE T
NAME WHEELER, MIKE
STREET ADDRESS 5090 DALEHURST DR
CITY-ST-ZIP COCOA FL 32926
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME LEE SKROBOT
1.3 STREET ADDRESS 6785 CALIPA AVE.
1.4 CITY-ST-ZIP COCOA FL. 32927
☒ Change ☐ Addition

2.1 TITLE V
2.2 NAME ROBIN LAMBERT
2.3 STREET ADDRESS 3206 S. HOPKINS AVE.
2.4 CITY-ST-ZIP TITUSVILLE, FL. 32780
☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

407-494-9460

Date

Daytime Phone #

CR2E037-11/98