2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
07-08-2004 90099 009 ****70.00

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06212004 Chg-NP CR2E037 (10/03)

DOCUMENT # N27097

1. Entity Name
ATLANTIC PROFESSIONAL PHOTOGRAPHERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
335 S PLUMOSA ST STE H MERRITT ISLAND, FL 32952 US	335 S PLUMOSA ST STE H MERRITT ISLAND, FL 32952 US

2. Principal Place of Business	3. Mailing Address
201 S. CHRISTMAS HILL RD	201 S. CHRISTMAS HILL RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TITUSVILLE, FL	City & State: TITUSVILLE, FL
Zip: 32796 Country: U.S.A.	Zip: 32796 Country: USA

4. FEI Number 59-2961711 — Applied For / Not Applicable

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
JAMES, DEBORAH 335 S PLUMOSA ST STE H MERRITT ISLAND, FL 32-9526	Name: RICHARD J. GORMAN Street Address (P.O. Box Number is Not Acceptable): 201 S. CHRISTMAS HILL RD City: TITUSVILLE FL Zip Code: 32796

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 _____ 6/30/04
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 September 8, 2004

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	TITLE	P	☑ Change ☐ Addition
NAME	HILLGER, MIKE		NAME	SUE CROUCH	
STREET ADDRESS	4815 SMITHFIELD RD		STREET ADDRESS	585 JACKSON AVE	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	VP	☑ Delete	TITLE	VP	☑ Change ☐ Addition
NAME	RHODEN, STAN		NAME	DEBBIE (DEBORAH) JAMES	
STREET ADDRESS	1894 SARUO RD		STREET ADDRESS	335 S. PULMOSA ST	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	☑ Delete	TITLE	S	☑ Change ☐ Addition
NAME	NICHOLS, NICK		NAME	MIKE HILLGER	
STREET ADDRESS	593 COMAUCHE AVE		STREET ADDRESS	4815 SMITHFIELD RD	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	T	☑ Delete	TITLE	T	☑ Change ☐ Addition
NAME	JAMES, DEBORAH		NAME	RICHARD J. GORMAN	
STREET ADDRESS	335 S PLUMOSA ST STE H		STREET ADDRESS	201 S. CHRISTMAS HILL RD	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE	D	☑ Delete	TITLE	D	☑ Change ☐ Addition
NAME	CROUGH, SUE		NAME	NICK NICHOLS	
STREET ADDRESS	585 JACKSON AVE		STREET ADDRESS	593 COMMANCHE AVE	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 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: _____ 6/30/04 321 698-5041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #