

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27097

FILED  
Apr 01, 2007  
Secretary of State

**Entity Name:** ATLANTIC PROFESSIONAL PHOTOGRAPHERS ASSOCIATION, INC.

**Current Principal Place of Business:**

237 TERRENCE AVE  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

237 TERRENCE AVE  
MELBOURNE, FL 32935 US

**New Mailing Address:**

**FEI Number:** 59-2961711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURPHY, DAWN C  
237 TERRENCE AVE  
MELBOURNE, FL 32935 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: P ( ) Delete  
Name: GORMAN, CASEY  
Address: 201 S. CHRISTMAS HILL RD  
City-St-Zip: TITUSVILLE, FL 32796

Title: VP ( ) Delete  
Name: SONNON, DERICA L  
Address: 237 TERRENCE AVE  
City-St-Zip: MELBOURNE, FL 32935 US

Title: S ( ) Delete  
Name: GAINICKE, SHARLENE  
Address: 827 TRAILWOOD AVE  
City-St-Zip: TITUSVILLE, FL 32796

Title: T ( ) Delete  
Name: MURPHY, DAWN C  
Address: 237 TERRENCE AVE  
City-St-Zip: MELBOURNE, FL 32935 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CROUCH, SUE  
Address: 585 JACKSON AVE  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: VP (X) Change ( ) Addition  
Name: GAENICKE, SHARLENE  
Address: 827 TRAILWOOD AVE  
City-St-Zip: TITUSVILLE, FL 32796 US

Title: S (X) Change ( ) Addition  
Name: SKROBOT, LEE  
Address: 6785 CALIPH AVE  
City-St-Zip: COCOA, FL 32927

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAWN MURPHY

T

04/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date