

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90176 005 ****70.00

DOCUMENT # N27097

1. Entity Name

ATLANTIC PROFESSIONAL PHOTOGRAPHERS ASSOCIATION, INC.



Principal Place of Business

**2605 RANCH ROAD
WEST MELBOURNE FL 32904
US**

Mailing Address

**2605 RANCH ROAD
WEST MELBOURNE FL 32904
US**

10015796



2. Principal Place of Business

335 S. Plumosa St.

Suite, Apt. #, etc.

Suite H

City & State

Merritt Island, FL

Zip

32952

Country

US

3. Mailing Address

335 S. Plumosa St

Suite, Apt. #, etc.

Suite H

City & State

Merritt Island, FL

Zip

32952

Country

US

☒ CHECK HERE IF MAKING CHANGES

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

ABRAHAMSON, BRIAN

**2605 RANCH ROAD
WEST MELBOURNE FL 32904**

7. Name and Address of New Registered Agent

Name **Deborah James**

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

335 S. Plumosa St

Suite H

City

Merritt Island

FL

Zip Code

32952

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 **Deborah James, Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

Deborah James, Treasurer

(NOTE: Registered Agent signature required when reinstating)

27 JAN 03

DATE

FILE NOW: FEE IS \$61.25

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, NICK	
STREET ADDRESS	593 COMANCHE AVE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HILLGER, MIKE	
STREET ADDRESS	4815 SMITHFIELD RD	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RHODEN, STAN	
STREET ADDRESS	1894 SARNO RD	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ABRAHAMSON, BRIAN	
STREET ADDRESS	2605 RANCH ROAD	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CROUGH, SUE	
STREET ADDRESS	599 SHERWOOD AVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Hillger	
STREET ADDRESS	4815 Smithfield Rd	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stan Rhoden	
STREET ADDRESS	1894 Sarno Rd	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nick Nichols	
STREET ADDRESS	593 Comanche Ave	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah James	
STREET ADDRESS	335 S. Plumosa St Suite H	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue Crouch	
STREET ADDRESS	585 Jackson Ave	
CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Deborah James REQUIRED

27 JAN 03 321-454-3101

CR2E037 (10/02)