


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90059 016 ****61.25

DOCUMENT # N94000001162 1. Entity Name THE WIDE ANGLE PHOTO CLUB, INC.			
Principal Place of Business 3916N 10TH AVE. PENSACOLA, FL 32504 US		Mailing Address 1229 HOLIDAY DRIVE GULF BREEZE, FL 32563 US	
2. Principal Place of Business - No P.O. Box # 3932 N. 10th Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 4614 Suite, Apt. #, etc.	
City & State Pensacola, FL 32504 Zip Country 32504 US		City & State Pensacola, FL 32504 Zip US	
4. FEI Number 59-3227534		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRUNSON, SHELLEY H 1229 HOLIDAY DR GULF BREEZE, FL 32563		7. Name and Address of New Registered Agent Name Billie A. Nicholson Street Address (P.O. Box Number is Not Acceptable) 3570 Marjean Drive Pensacola FL 32504	
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 <u>Billie A. Nicholson</u> <u>Treasurer</u> <u>April 6, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PRES MC MICHAEL, GEORGE 4331 HEART PINE CR. PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete	TITLE	President Rafael Perez 9029 Cayman Lane Pensacola, FL 32506 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	SECT HEBERT, CATHY 3985 MONTALVO DRIVE CANTONMENT, FL 32504 <input checked="" type="checkbox"/> Delete	TITLE	Secretary Cathy Hennessy 6689 Da Lisa Road Milton, FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	TRES BRUNSON, SHELLEY H 1229 HOLIDAY DRIVE GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Delete	TITLE	Treasurer Billie A. Nicholson 3570 Marjean Drive Pensacola, FL 32504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	VP LISETH, JOHNNY 1408 COLWYN DRIVE CANTONMENT, FL 32533 <input checked="" type="checkbox"/> Delete	TITLE	Vice President Tom Coffelt 1059 Adrian Way Milton, FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained 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 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: <u>Billie A. Nicholson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>April 6, 2007</u> <u>850-433-5206</u> <small>Date Daytime Phone #</small>	