

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001162

FILED
Mar 25, 2009
Secretary of State

Entity Name: THE WIDE ANGLE PHOTO CLUB, INC.

Current Principal Place of Business:

3932 N 10TH AVE.
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4614
PENSACOLA, FL 32504 US

New Mailing Address:

PO BOX 10776
PENSACOLA, FL 32524 US

FEI Number: 59-3227534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLSON, BILLIE A
3570 MARJEAN DR
PENSACOLA, FL 32504 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: PRES () Delete
Name: PEREZ, RAFAEL
Address: 9029 CAYMAN LN
City-St-Zip: PENSACOLA, FL 32506

Title: SECT () Delete
Name: HELM, LINDA
Address: 715 PINE CREST AVE
City-St-Zip: PENSACOLA, FL 32514

Title: TRES () Delete
Name: NICHOLSON, BILLIE A
Address: 3570 MARJEAN DR
City-St-Zip: PENSACOLA, FL 32504

Title: VP () Delete
Name: COFFELT, TOM
Address: 1059 ADIAN WAY
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SCHOBBER, CINDY
Address: 9712 SHADOW WOOD DR
City-St-Zip: PENSACOLA, FL 32514

Title: SECT (X) Change () Addition
Name: CAMPBELL, MARTY
Address: 3328 SANTA ROSA DR
City-St-Zip: GULF BREEZE, FL 32563

Title: TRES (X) Change () Addition
Name: NICHOLSON, BILLIE A
Address: 3570 MARJEAN DR
City-St-Zip: PENSACOLA, FL 32504

Title: VP (X) Change () Addition
Name: BORGES, SUZANNE
Address: 5547 WOODRIDGE DR
City-St-Zip: MILTON, FL 32570

I hereby certify that the information supplied with this filing does not qualify 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: BILLIE A NICHOLSON

TRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date