

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90247 007 ****61.25

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1. Entity Name
BAY PROFESSIONAL PHOTOGRAPHERS ASSOCIATION, INC.



Principal Place of Business
**505 25TH ST. WEST
BRADENTON, FL 34205 US**

Mailing Address
**505 25TH ST. WEST
BRADENTON, FL 34205 US**

2. Principal Place of Business

**2345 Bee Ridge Rd
Suite, Apt. #, etc. 6B**

3. Mailing Address

**2345 Bee Ridge Rd
Suite, Apt. #, etc. 6B**

City & State
SARASOTA FL

City & State
SARASOTA FL

Zip Country
34239 US

Zip Country
34239 US

03172006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3289358

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MINUTELLO, ROBERT
505 25TH ST. WEST
BRADENTON, FL 34205**

7. Name and Address of New Registered Agent

Name **MILLARD, KEITH**
Street Address (P.O. Box Number is Not Acceptable)
2345 Bee Ridge Rd 6B
City **Sarasota FL** Zip Code **34239**

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

Keith Millard

3/29/06

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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 **PRES** ☒ Delete
NAME **MINUTELLO, ROBERT**
STREET ADDRESS **505 25TH ST. WEST**
CITY-ST-ZIP **BRADENTON, FL 34205**

TITLE **VP** ☒ Delete
NAME **SHULOK, BEN**
STREET ADDRESS **6193 AVENTURA DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE **SEC** ☒ Delete
NAME **PEARSE, GLORIA**
STREET ADDRESS **101 W. VENICE AVE. #6**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE **TREA** ☒ Delete
NAME **MCCONNELL, SHANNON**
STREET ADDRESS **101 W. VENICE AVE. #6**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES** ☒ Change ☐ Addition
NAME **SHULOK, BEN**
STREET ADDRESS **6193 Aventura Dr**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **VP** ☒ Change ☐ Addition
NAME **PEARSE, GLORIA**
STREET ADDRESS **1476 Shoalway**
CITY-ST-ZIP **OSPREY FL 34229**

TITLE **SEC** ☒ Change ☐ Addition
NAME **JANICK, Dawn**
STREET ADDRESS **4469 Crews Ct Pt. Charlotte FL**
CITY-ST-ZIP **33952**

TITLE **TREA** ☒ Change ☐ Addition
NAME **MILLARD, KEITH**
STREET ADDRESS **2345 Bee Ridge Rd 6B**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Keith Millard

3/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #