

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006067

FILED
Jan 02, 2008
Secretary of State

Entity Name: BAY PROFESSIONAL PHOTOGRAPHERS ASSOCIATION, INC.

Current Principal Place of Business:

2345 BEE RIDGE RD
SUITE 6B
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

2345 BEE RIDGE RD
SUITE 6B
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 59-3289358 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLARD, KEITH
2345 BEE RIDGE RD
SUITE 6B
SARASOTA, FL 34239 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: JANICK, DAWN
Address: 466 CREWS CT
City-St-Zip: PT CHARLOTTE, FL 33952

Title: VP () Delete
Name: MILLARD, KEITH
Address: 2345 BEE RIDGE RD 6B
City-St-Zip: SARASOTA, FL 34239

Title: SEC () Delete
Name: KENNEDY, PAULA
Address: PO BOX 496604
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: TREA () Delete
Name: MILLARD, KEITH
Address: 2345 BEE RIDGE RD SUITE 6B
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BEECHER, BRIAN
Address: 4367 INDEPENDENCE CT
City-St-Zip: SARASOTA, FL 34234

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

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

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: KEITH A MILLARD

TRE

01/02/2008

Electronic Signature of Signing Officer or Director

Date