2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# N94000006067

Entity Name: BAY PROFESSIONAL PHOTOGRAPHERS ASSOCIATION, INC.

Current Principal Place of Business:

5220 MCINTOSH RD
#3
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

5220 MCINTOSH RD
#3
SARASOTA, FL 34233 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
5220 MCINTOSH RD
#3
SARASOTA, FL 34233 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:	MILLARD, KEITH	
Address:	5220 MCINTOSH RD #3	
City-St-Zip:	SARASOTA, FL 34233	
Title:	VP	( ) Delete
Name:	BEECHER, BRIAN	
Address:	4367 INDEPENDENCE CT	
City-St-Zip:	SARASOTA, FL 34234	
Title:	SEC	( ) Delete
Name:	BERNS, ARNOLD	
Address:	PO BOX 20589	
City-St-Zip:	SARASOTA, FL 34276	
Title:	TREA	( ) Delete
Name:	QUARMBY, SUSAN	
Address:	2250 BERN CREEK LOOP	
City-St-Zip:	SARASOTA, FL 34240	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 PRES 04/25/2009

Electronic Signature of Signing Officer or Director — Date