

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002033

FILED
Mar 22, 2004
Secretary of State**Entity Name:** PROFESSIONAL PHOTOGRAPHERS OF NORTH CENTRAL FLORIDA, INC.**Current Principal Place of Business:**315 NE 8TH ST
GAINESVILLE, FL 32601 US**New Principal Place of Business:****Current Mailing Address:**315 NE 8TH ST
GAINESVILLE, FL 32601 US**New Mailing Address:****FEI Number:** 59-3249355**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHUPING, RALPH E
315 N.E. 8TH STREET
GAINESVILLE, FL 32601 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:** PD () Delete
Name: GRIFFIN, TAMMY
Address: 2231 SE 59TH ST.
City-St-Zip: OCALA, FL 34478**Title:** VD () Delete
Name: OXNER, AMY
Address: 514 SW 10TH ST.
City-St-Zip: GAINESVILLE, FL 32601**Title:** SD () Delete
Name: BOOTH, AVA
Address: 2820 NE 19TH ST.
City-St-Zip: GAINESVILLE, FL 32609**Title:** D () Delete
Name: KIEF, KIRK
Address: 1500 HUSSON AVE
City-St-Zip: PALATKA, FL 32177**Title:** TD () Delete
Name: SHUPING, RALPH E
Address: 315 NE 8TH ST
City-St-Zip: GAINESVILLE, FL 32601**Title:** VD () Delete
Name: ADKINS, STEPHANIE
Address: 109 RICA RD.
City-St-Zip: HAWTHORNE, FL 32640**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:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VD (X) Change () Addition
Name: MORRISSEY, THOMAS
Address: 2635 SW 35TH PLACE NO. 102
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RALPH E. SHUPING II

TD

03/22/2004

Electronic Signature of Signing Officer or Director

Date