

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002033

FILED  
Jun 25, 2005  
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:**

2231 SE 59TH ST  
OCALA, FL 34480 US

**Current Mailing Address:**

315 NE 8TH ST  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

2231 SE 59TH ST  
OCALA, FL 34480 US

**FEI Number:** 59-3249355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

GRIFFIN, TAMMY L  
2231 SE 59TH ST  
OCALA, FL 34480 US

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: TAMMY L. GRIFFIN

06/25/2005

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: MORRISSEY, THOMAS  
Address: 2635 SW 35TH PLACE NO. 102  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GRIFFIN, TAMMY  
Address: 2231 SE 59TH ST.  
City-St-Zip: OCALA, FL 34480

Title: VD (X) Change ( ) Addition  
Name: MORRISSEY, THOMAS  
Address: 8850 SW 14TH AVE  
City-St-Zip: GAINESVILLE, FL 32607

Title: VD (X) Change ( ) Addition  
Name: RADLINKSI, KRYSTAL  
Address: 2145 NW 147TH ST  
City-St-Zip: NEWBERRY, FL 32669

Title: SD (X) Change ( ) Addition  
Name: PETERS, JOHN  
Address: 4241 NW 70TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: TD (X) Change ( ) Addition  
Name: RADLINKSI, MATTHEW  
Address: 2145 NW 147TH ST  
City-St-Zip: NEWBERRY, FL 32669

Title: D (X) Change ( ) Addition  
Name: BRILL, SAMUEL  
Address: 4302 NW 21ST DRIVE  
City-St-Zip: GAINESVILLE, FL 32605

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: TAMMY L. GRIFFIN

VD

06/25/2005

Electronic Signature of Signing Officer or Director

Date