2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002033

FILED Feb 06, 2012 Secretary of State

Entity Name: PROFESSIONAL PHOTOGRAPHERS OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

1420 NE 26TH AVE 6690 129TH ROAD

OCALA, FL 34470 US LIVE OAK, FL 32060 US

Current Mailing Address: New Mailing Address:

PO BOX 140803 6690 129TH ROAD

GAINESVILLE, FL 326140803 US LIVE OAK, FL 32060 US

FEI Number: 59-3249355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOONTZ, JACKSON W III JOHNS, TAMMY K 1420 NE 26TH LANE 6690 129TH ROAD

OCALA, FL 34470 US LIVE OAK, FL 32060

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 K JOHNS 02/06/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

PRES

JOHNS, TAMMY K Name: Address: 6690 129H ROAD City-St-Zip: LIVE OAK, FL 32060 US

Title: VC P Name: BOOTH, AVA

Address: 5200 NW 43RD STREET, SUITE 102, #109

City-St-Zip: GAINESVILLE, FL 32606

Title:

NEMETH, CHARLES Name: Address: 8601 SW 5TH PLACE City-St-Zip: GAINESVILLE, FL 32607

Title: SD

Name: WILHOIT, JIVANA K 7720 SR 235 Address: ALACHUA, FL 32615

City-St-Zip:

Title:

BRILL, SAMUEL Name: 4302 NW 21ST DRIVE Address: GAINESVILLE, FL 32605 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: TAMMY KAYE JOHNS **PRES** 02/06/2012