

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006047

FILED
Mar 07, 2007
Secretary of State

Entity Name: TAMPA AREA PROFESSIONAL PHOTOGRAPHERS ASSOCIATION, INC.

Current Principal Place of Business:

13910 N DALE MABRY HWY
BLDG 4, SUITE 6
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

13910 N DALE MABRY HWY
BLDG 4, SUITE 6
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-3403867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOME, KEVIN
13910 N DALE MABRY HWY
BLDG 4, STE 6
TAMPA, FL 33618 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: VP () Delete
Name: WARMOLTS, KIM
Address: 997 APPALOOSA RD.
City-St-Zip: TARPON SPRINGS, FL 34688

Title: P () Delete
Name: ALCORN, DEBBIE
Address: 4243 TROUT DR. S.E
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T () Delete
Name: DUNCAN, MICHELLE
Address: 7108 CARYN BOBBI LANE
City-St-Zip: DOVER, FL 33527

Title: S () Delete
Name: WALKER, CAROL
Address: 7925 4TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D () Delete
Name: SARGENT, ROBERT
Address: 1906 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: GRECCO, RON
Address: P.O. BOX 8263
City-St-Zip: SEMINOLE, FL 33775

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WARMOLTS, KIM
Address: 997 APPALOOSA RD.
City-St-Zip: TARPON SPRINGS, FL 34688

Title: DIR (X) Change () Addition
Name: ALCORN, DEBBIE
Address: 4243 TROUT DR. S.E
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: SEC (X) Change () Addition
Name: DUNCAN, MICHELLE
Address: 7108 CARYN BOBBI LANE
City-St-Zip: DOVER, FL 33527

Title: VP (X) Change () Addition
Name: WALKER, CAROL
Address: 7925 4TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: TRES (X) Change () Addition
Name: MATTHEWS, MICHAEL
Address: 3114 W CYPRESS ST.
City-St-Zip: TAMPA, FL 33607

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KIM WARMOLTS

PRES

03/07/2007

Electronic Signature of Signing Officer or Director

Date