

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002594

FILED
Jan 31, 2008
Secretary of State

Entity Name: PORTRAIT SOCIETY OF AMERICA, INC.

Current Principal Place of Business:

222 LAFAYETTE CIRCLE
TALLAHASSEE, FL 32303

New Principal Place of Business:

106 E 4TH AVE
TALLAHASSEE, FL 32303

Current Mailing Address:

222 LAFAYETTE CIRCLE
TALLAHASSEE, FL 32303

New Mailing Address:

106 E 4TH AVE
TALLAHASSEE, FL 32303

FEI Number: 59-3515141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONAS, CHRISTINE E
1806 ATAPHA NENE
TALLAHASSEE, FL 32301 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: D () Delete
Name: WETMORE, GORDON CHAIRMA
Address: 737 MARKET ST
City-St-Zip: CHATTANOOGA, TN 37402

Title: D () Delete
Name: JONAS, EDWARD VICE-CH
Address: 1806 ATAPHA NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: DONAHUE, TOM SEC/TRE
Address: 1925 WOOD OAK DRIVE
City-St-Zip: CORDOVA, TN 38018

Title: D () Delete
Name: CARDUCCI, JUDITH B CB CHAI
Address: 197 SUNSET DRIVE
City-St-Zip: HUDSON, OH 44236

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: EDWARD JONAS

D

01/31/2008

Electronic Signature of Signing Officer or Director

Date