

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010971

Entity Name: OCALA/MARION COUNTY PROFESSIONAL PHOTOGRAPHERS ASSOCIATION, INC.**FILED**
May 01, 2014
Secretary of State
CC1217859407**Current Principal Place of Business:**1420 NE 26TH LANE
OCALA, FL 34470**Current Mailing Address:**POST OFFICE BOX 6878
OCALA, FL 34478**FEI Number: 46-1434955****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KOONTZ, JACKSON
1420 NE 26TH LANE
OCALA, FL 34470 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: JACKSON KOONTZ****05/01/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	KOONTZ, JACKSON WIII
Address	1420 NE 26TH LANE
City-State-Zip:	OCALA FL 34470

Title	TD
Name	ALMYADA, MICHELLE
Address	13522 NW 1ST STREET
City-State-Zip:	OCALA FL 34482

Title	VD
Name	GORDON, CHARLES
Address	1959 NE 7TH PLACE
City-State-Zip:	OCALA FL 34470

Title	D
Name	HARTLEY, SHEILA
Address	3420 SE 4TH STREET
City-State-Zip:	OCALA FL 34471

Title	SD
Name	JOHNSON, JULIE
Address	8504 SE 72ND AVENUE
City-State-Zip:	OCALA FL 34472

Title	D
Name	SEGREST, CONAN
Address	7256 SW 62ND AVENUE #5
City-State-Zip:	OCALA FL 34476

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: JACKSON KOONTZ**AGENT****05/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date