## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000290

FILED Apr 04, 2007 Secretary of State

Entity Name: THE ASSOCIATION OF FUNDRAISING PROFESSIONALS ARREDONDO CHAPTER, INC.

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

10728 NW 38 PL

GAINESVILLE, FL 32606 US

Current Mailing Address: New Mailing Address:

10728 NW 38 PL PO BOX 324

GAINESVILLE, FL 32606 US LIVE OAK, FL 32064 US

FEI Number: 42-1692004 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WEGENER, STUART 1734 NW 7TH PLACE

GAINESVILLE, FL 32603 US

**OFFICERS AND DIRECTORS:** 

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

## Electronic dignature of register

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 DAVIS, AMY
 Name:
 WEGENER, STUART

 Address:
 23320 N. SR 235
 Address:
 1734 NW 7TH PLACE

 City-St-Zip:
 BROOKER, FL 32622
 City-St-Zip:
 GAINESVILLE, FL 32603

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: HINSON, MICHELLE Name: MENOHER, DEBBIE

 Name:
 HINSON, MICHELLE
 Name:
 MENOHER, DEBBIE

 Address:
 10728 NW 38 PLACE
 Address:
 2701 NW 103RD WAY

 City-St-Zip:
 GAINESVILLE, FL 32606
 City-St-Zip:
 GAINESVILLE, FL 32606

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 JEFFERS, JENNIFER
 Name:
 JAMES, BOB

 Address:
 7631 NW 36 PL
 Address:
 605 NE 1ST STREET

 City-St-Zip:
 GAINESVILLE, FL 32606
 City-St-Zip:
 LAKE CITY, FL 32601

Title: D () Delete Title: () Change () Addition

 Name:
 YARICK, WILLIAM
 Name:

 Address:
 P.O.BOX 324
 Address:

 City-St-Zip:
 LIVE OAK, FL 32064
 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: WILLIAM YARICK D 04/04/2007