

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90028 030 ****61.25

DOCUMENT # N23839	
1. Entity Name ASSOCIATION OF FUND RAISING PROFESSIONALS, INC. BIG BEND CHAPTER	

Principal Place of Business 1111 E TENNESSEE STREET TALLAHASSEE FL 32308	Mailing Address 1111 E TENNESSEE STREET TALLAHASSEE FL 32308
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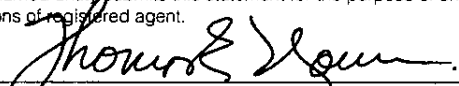
MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country USA	Zip	Country

4. FEI Number 59-2873430	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NORMAN, THOMAS E 1111 E TENNESSEE STREET TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

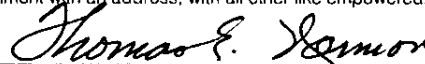
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	THOMAS E. NORMAN, Treasurer 2/6/04
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE P	NAME KELLER, DEBORAH STREET ADDRESS 625 N ADAMS STREET CITY-ST-ZIP TALLAHASSEE FL 32304 ☒ Delete
TITLE VP	NAME FLYNN, BONNIE STREET ADDRESS P.O. BOX 16442 CITY-ST-ZIP TALLAHASSEE FL 32317 ☐ Delete
TITLE S	NAME DEKLE, MARY STREET ADDRESS 1416 N BRONOUGH CITY-ST-ZIP TALLAHASSEE FL 32303 ☒ Delete
TITLE T	NAME NORMAN, THOMAS CFRE STREET ADDRESS 1111 E TENNESSEE STREET CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete
TITLE D	NAME JANET T BORNEMAN STREET ADDRESS P.O. BOX 5948 CITY-ST-ZIP TALLAHASSEE FL 32314 ☐ Delete
TITLE D	NAME DAVIS, CAROL STREET ADDRESS 1731 RIGGINS ROAD CITY-ST-ZIP TALLAHASSEE FL 32301 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	NAME FLYNN, BONNIE STREET ADDRESS PO BOX 16442 CITY-ST-ZIP TALLAHASSEE, FL 32317 ☒ Change ☐ Addition
TITLE VP	NAME MIDDLETON, VANN STREET ADDRESS 13093 HENRY BEADEL DR CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Change ☒ Addition
TITLE S	NAME Chreno, Linda STREET ADDRESS 231 Lafayette Cir. CITY-ST-ZIP Tallahassee, FL 32303 ☐ Change ☒ Addition
TITLE T	NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D	NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D	NAME Stansbury, Alyce Lee STREET ADDRESS 322 Beard St., #104 CITY-ST-ZIP Tallahassee, FL 32303 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	THOMAS E. NORMAN	2/6/2004	850-681-3629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #