


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90078 006 ****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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2873430	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NORMAN, THOMAS E 1111 E TENNESSEE STREET TALLAHASSEE, FL 32308				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, BONNIE		NAME	NORMAN, THOMAS E.	
STREET ADDRESS	PO BOX 16442		STREET ADDRESS	1111 E. Tennessee St.	
CITY-ST-ZIP	TALLAHASSEE, FL 32317		CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLETON, VANN		NAME	LAZOR, MARY	
STREET ADDRESS	13093 HENRY BEADEL DR		STREET ADDRESS	306 LAURA LEE AVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRENO, LINDA		NAME	Thompson, Ranie	
STREET ADDRESS	231 LAFAYETTE CIR.		STREET ADDRESS	444 APPELYARD DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, THOMAS CFRE		NAME	NICKLAUS, RANDY	
STREET ADDRESS	1111 E TENNESSEE STREET		STREET ADDRESS	PO BOX 10950	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET T BORNEMAN		NAME	LUCAS, CHRISTINE	
STREET ADDRESS	P.O. BOX 5948		STREET ADDRESS	136 S BRONOUGH ST	
CITY-ST-ZIP	TALLAHASSEE, FL 32314		CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANSBURY, ALYCE LEE		NAME	STANSBURY, ALYCE LEE	
STREET ADDRESS	322 BEARD ST., #104		STREET ADDRESS	322 BEARD ST #104	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	TALLAHASSEE FL 32303	
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: <i>Thomas E. Norman</i>			8-9-05		850-566-4483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

50061495



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