


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90083 003 ****61.25

DOCUMENT # N23839

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



40036314

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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 10442
 Suite, Apt. #, etc.

02152007 Chg-NP CR2E037 (12/06)



City & State
TALLAHASSEE FL

Zip Country
32317 LEON

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 **CHERI SUTHERLAND**
 Street Address (P.O. Box Number is Not Acceptable)
1111 E TENNESSEE ST
 City **TALLAHASSEE** FL Zip Code **32308**

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 Cheri Sutherland DATE 3/7/2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	T NORMAN, THOMAS E 1111 E TENNESSEE ST TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANTHONY TOLSON 2000 APALACHEE PKWY #200 TALLAHASSEE FL 32301 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAZOR, MARY 306 LAURA LEE AVE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIM CENTER 1425 E PIEDMONT DR #1 TALLAHASSEE FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, RANIE 444 APPELYARD DR TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TARA STALNAKER 216 LAKE ELLA DR TALLAHASSEE FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKLAWS, RANDY P.O. BOX 10950 TALLAHASSEE, FL 32302 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEILA MCCLURE 3737 MERIDIAN N. TALLAHASSEE FL 32312 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, CHRISTINE 136 S BRONOUGH ST TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANN MIDDLETON 13093 HENRY BEADEL DR TALLAHASSEE FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANSBURY, ALYCE LEE 322 BEARD ST., #104 TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIANE JEFFERSON 2021 MISSION RD TALLAHASSEE FL 32304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Cheri Sutherland DATE 3/7/07 850 681-3629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #