2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State
03-06-2003 90091 043 ****61.25

DOCUMENT # N23839

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

Principal Place of Business	Mailing Address
2808 CAVAN DRIVE TALLAHASSEE FL 32308	2808 CAVAN DRIVE TALLAHASSEE FL 32308

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1111 E. TENNESSEE ST	Same as 2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL [redacted]	City & State
Zip: 32308 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	7. Name and Address of New Registered Agent
STANSBURY, ALYCE L 2808 CAVAN DRIVE TALLAHASSEE FL 32308	Name: THOMAS E. NORMAN Street Address (P.O. Box Number is Not Acceptable) 1111 E. TENNESSEE STREET 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: Alycee Stansbury 1/15/03
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

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	P STANSBURY, ALYCE L 2808 CAVAN DRIVE TALLAHASSEE FL 32302	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Deborah Keller 625 N. Adams Street Tallahassee FL 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KAHN, JANET 572-C APPLEYARD DRIVE TALLAHASSEE FL 32304	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Bonnie Flynn~~ Vice President Bonnie Flynn P.O. Box 16442 Tallahassee FL 32317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WATTS, SANDY 187 OFFICE PLAZA DRIVE TALLAHASSEE FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Mary Dekle 1416 N Bronough Tallahassee, FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FLYNN, BONNIE 1317 WINEWOOD BLVD., BUILDING #7 ROOM 319 TALLAHASSEE FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Thomas Norman, CFRE 1111 E. TENNESSEE STREET Tallahassee, FL 32308.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JANET T BORNEMAN P.O. BOX 5948 TALLAHASSEE FL 32314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, CAROL 1731 RIGGINS ROAD TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED Treasurer 3-4-03 850-681-3629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR