

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90391 026 \*\*\*61.25

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

**DOCUMENT #**

1. Entity Name

N 98-000006792

Florida Association of Child Life Professionals, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1952 Laughing Gull Ln

Suite, Apt. #, etc.

1413

City & State

Clearwater, FL

Zip

33762

Country

U.S.A.

3. Mailing Address

1952 Laughing Gull Ln

Suite, Apt. #, etc.

1413

City & State

Clearwater, FL

Zip

33762

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3526345.2

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Karen Keaton

Street Address (P.O. Box Number is Not Acceptable)

111 2nd Avenue N Suite 610

P.O. Box 1139

City

St. Petersburg

FL

Zip Code

33731

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

President  
Emily Richardson  
Child Life Dept. 801 6th St S.  
St. Petersburg FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

President-Elect  
Kim Daugherty  
Child Life Dept. 801 6th St S.  
St. Petersburg FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Treasurer  
Leah Maus  
3001 W. Dr Martin Luther King Jr Blvd  
Tampa FL 33607

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Past President  
Amy Artuso-Heinzen  
Child Life Dept. 801 6th St S.  
St. Petersburg FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Leah Maus Leah Maus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/2002 (813) 534-8155

Date

Daytime Phone #

CR2E037B (12/01)