

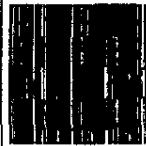
# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90242 038 \*\*\*\*61.25

**DOCUMENT # N98000006792**

1. Entity Name  
FLORIDA ASSOCIATION OF CHILD LIFE  
PROFESSIONALS, INC.



Principal Place of Business  
5488 12TH AVE NORTH  
SAINT PETERSBURG, FL 33710 US

Mailing Address  
5488 12TH AVE NORTH  
SAINT PETERSBURG, FL 33710 US

2. Principal Place of Business  
2420 Woodlawn Circle W.  
Suite, Apt. #, etc.

3. Mailing Address  
2420 Woodlawn Circle West  
Suite, Apt. #, etc.

City & State  
St. Petersburg, FL

City & State  
St. Petersburg, FL

Zip  
33704

Country  
US

Zip  
33704

Country  
US

04202004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3563452

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KEATON, KAREN S  
111 - 2ND AVENUE N STE 610  
ST. PETERSBURG, FL 33731

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 \_\_\_\_\_  
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, 2004

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

TITLE PDMD ☐ Delete  
NAME GREINER, PAULA  
STREET ADDRESS 601 E ROLLINS STREET  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE PEVD ☐ Delete  
NAME KING, MICHELLE  
STREET ADDRESS 9981 SOUTH HEALTH PARK DRIVE  
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE PPD ☐ Delete  
NAME RICHARDSON, EMILY  
STREET ADDRESS 801 6TH STREET S  
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE S ☐ Delete  
NAME JACKSON, AMY  
STREET ADDRESS 655 W 8TH STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE T ☐ Delete  
NAME ROGOZINSKI, KRISTIE  
STREET ADDRESS 801 6TH ST SOUTH  
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE M ☐ Delete  
NAME SLATE, KYLEEN  
STREET ADDRESS 801 6TH STREET S  
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Michele King ☒ Change ☐ Addition  
NAME 9981 South Health Park Drive  
STREET ADDRESS St. Meyers, FL 33708  
CITY-ST-ZIP

TITLE Shacin Nelson ☒ Change ☐ Addition  
NAME 4901 West Cypress St.  
STREET ADDRESS Tampa, FL 33607  
CITY-ST-ZIP

TITLE Paula Grenier ☒ Change ☐ Addition  
NAME 601 E Rollins St.  
STREET ADDRESS Orlando, FL 32803  
CITY-ST-ZIP

TITLE Same ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Renee Savic ☒ Change ☐ Addition  
NAME 12502 Pine Drive  
STREET ADDRESS Tampa, FL 33612  
CITY-ST-ZIP

TITLE Same ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Kristie Rogozinski 4-23-04 727-767-4323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #