

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90299 034 ****61.25

DOCUMENT # N98000006792

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



Principal Place of Business
2420 WOODLAWN CIRCLE W
SAINT PETERSBURG, FL 33704 US

Mailing Address
2420 WOODLAWN CIRCLE W
SAINT PETERSBURG, FL 33704 US

50051161



2. Principal Place of Business
Shriners Hosp. of Life Child
Suite, Apt. #, etc.
12502 Pine Dr.

3. Mailing Address
Shriners Hosp. of Life Child
Suite, Apt. #, etc.
12502 Pine Dr.

04062005 Chg-NP CR2E037 (10/03)

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number
59-3563452

Applied For
Not Applicable

Zip
33612

Country
USA

Zip
33612

Country
USA

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

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 re-registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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 PPD ☒ Delete
NAME GRENIER, PAULA
STREET ADDRESS 601 E ROLLINS STREET
CITY-ST-ZIP ORLANDO, FL 32803

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

TITLE PEVD ☐ Delete
NAME NELSON, SHARIN
STREET ADDRESS 4901 WEST CYPRESS ST
CITY-ST-ZIP TAMPA, FL 33607

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

TITLE T ☒ Delete
NAME SAVIC, RENEE
STREET ADDRESS 12502 PINE DRIVE
CITY-ST-ZIP TAMPA, FL 33612

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 PEVD ☐ Change ☒ Addition
NAME Mitch Wolcott
STREET ADDRESS Box 100304
CITY-ST-ZIP Gainesville, FL 32640

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

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

TITLE S ☐ Change ☒ Addition
NAME Jennifer Hipsley
STREET ADDRESS 42 W. Miller St MP# 309
CITY-ST-ZIP Orlando FL 32804

TITLE T ☐ Change ☒ Addition
NAME Tara Deering
STREET ADDRESS 12502 Pine Drive
CITY-ST-ZIP Tampa, FL 33612

TITLE M ☐ Change ☒ Addition
NAME ABBE CRUTCHFIELD
STREET ADDRESS 92 W. Miller St MP # 309
CITY-ST-ZIP Orlando FL 32806

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:

Renee Savic BS, CCW, FACP Treasurer 4/15/05

Date

Daytime Phone #

Renee SAVIC BS, CCW FACP Treasurer

813 972-2250

ex: 7325