2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED
03-14-2007 90038 029 ****61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006792

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

Principal Place of Business	Mailing Address
SHRINERS HOSPITAL CHILD LIFE 12502 PINE DRIVE TAMPA, FL 33612 US	SHRINERS HOSPITAL CHILD LIFE 12502 PINE DRIVE TAMPA, FL 33612 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
119 Rose Drive	Gildas Club S. Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc. 119 Rose Drive
City & State Ft Lauderdale FL	City & State Ft. Lauderdale FL
Zip: 33316 Country: USA	Zip: 33316 Country: USA

02272007 Chg-NP CR2E037 (12/06)

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	7. Name and Address of New 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

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, 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: PEVD NAME: WOLCOTT, MITCH STREET ADDRESS: BOX 100306 CITY-ST-ZIP: GAINESVILLE, FL 32610	☐ Delete	TITLE: ~~President Elect~~ V NAME: Andi Bennet STREET ADDRESS: 12502 Pine Drive CITY-ST-ZIP: Tampa FL 33612	☒ Change ☐ Addition
TITLE: PPD NAME: KING, MICHELE STREET ADDRESS: 9981 SOUTH HEALTH PARK DRIVE CITY-ST-ZIP: FORT MYERS, FL 33908	☒ Delete	TITLE: ~~President Elect~~ D NAME: Sharin Nelson STREET ADDRESS: 4901 W. Cypress St CITY-ST-ZIP: Tampa FL 33607	☒ Change ☐ Addition
TITLE: PDMD NAME: NELSON, SHARIN STREET ADDRESS: 4901 WEST CYPRESS ST CITY-ST-ZIP: TAMPA, FL 33607	☐ Delete	TITLE: President NAME: Mitch Wolcott STREET ADDRESS: Box 100306 CITY-ST-ZIP: Gainesville FL 32610	☒ Change ☐ Addition
TITLE: M NAME: LURIE, REBECCA STREET ADDRESS: 3501 JOHNSON ST CITY-ST-ZIP: HOLLYWOOD, FL 33021	☐ Delete	TITLE: ~~Member-at-Large~~ D NAME: Tara Deering STREET ADDRESS: 12502 Pine Drive CITY-ST-ZIP: Tampa FL 33612	☒ Change ☐ Addition
TITLE: T NAME: DEERING, TARA STREET ADDRESS: 12502 PINE DRIVE CITY-ST-ZIP: TAMPA, FL 33612	☐ Delete	TITLE: Treasurer NAME: Rebecca Lurie STREET ADDRESS: 119 Rose Drive CITY-ST-ZIP: Ft. Lauderdale FL 33316	☒ Change ☐ Addition
TITLE: S NAME: CRUTCHFIELD, ABBE STREET ADDRESS: 92 W. MILLER STREET MP# 309 CITY-ST-ZIP: ORLANDO, FL 32806	☒ Delete	TITLE: Secretary NAME: Chantelle Bennett STREET ADDRESS: 601 E. Rollins St. CITY-ST-ZIP: Orlando FL 32803	☒ Change ☐ 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: Rebecca Lurie — Rebecca Lurie — 3-6-07 — 954-763-6776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Document corrected per Rebecca Lurie. DSC