


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90034 032 ****61.25

DOCUMENT # N98000006792 1. Entity Name FLORIDA ASSOCIATION OF CHILD LIFE PROFESSIONALS, INC.					
Principal Place of Business 119 ROSE DRIVE FT LAUDERDALE, FL 33316 US			Mailing Address C/O GILDAS CLUB S FLORIDA 119 ROSE DRIVE FT LAUDERDALE, FL 33316 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
03032008 Chg-NP CR2E037 (12/06)			4. FEI Number 59-3563452		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KEATON, KAREN S 111 - 2ND AVENUE N SUITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 WOLCOTT, MITCH BOX 100306 GAINESVILLE, FL 32610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Andi Bennett 209 S Woodlyme Ave TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENNET, ANDI 12502 PINE DRIVE TAMPA, FL 33612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Rebecca Hahossy 119 Rose Drive Ft Lauderdale, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, SHARIN 4901 WEST CYPRESS ST TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mitch Wolcott Box 100306 Gainesville, FL 32610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LURIE, REBECCA 119 ROSE DRIVE FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Janice Zack 3000 Coral Hills Dr. Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEERING, TARA 12502 PINE DRIVE TAMPA, FL 33612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tara Deering 12502 Pine Drive Tampa, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENNETT, CHANTELE 601 E ROLLING ST ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Trish Lira 1600 S Andrews Ave Ft Lauderdale, FL 33316
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: <i>Janice L. Zack</i> Janice L. Zack 3/4/08 9543443390					