2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006792

FILED May 12, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

119 ROSE DRIVE 4122 RESIDENCE DRIVE

FT LAUDERDALE, FL 33316 US #111

FORT MYERS, FL 33901 US

Current Mailing Address: New Mailing Address:

C/O GILDAS CLUB S FLORIDA 4122 RESIDENCE DRIVE

119 ROSE DRIVE #111 US

FT LAUDERDALE, FL 33316 FORT MYERS, FL 33901 US

FEI Number: 59-3563452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KEATON, KAREN S 111 - 2ND AVENUE N SUITE 610

ST PETERSBURG, FL 33731 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BENNETT, ANDI HAHESSY, REBECCA Name: Name:

209 S WOODLYNNE AVE Address: 3223 NW 10TH TERRACE, SUITE 602 Address: City-St-Zip: TAMPA, FL 33609 US City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: () Delete Title: (X) Change () Addition

HAHESSY, REBECCA Name: LIRA, TRISH Name:

Address: 119 ROSE DRIVE Address: 1600 S ANDREWS AVE City-St-Zip: FORT LAUDERDALE, FL 33316 US City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: () Delete Title: (X) Change () Addition

WOLCOTT, MITCH BENNETT, ANDI Name: Name: BOX 100306 209 S WOODLYNNE Address: Address:

City-St-Zip: GAINESVILLE, FL 32610 US City-St-Zip: TAMPA, FL 33609 US

Title: () Delete Title: (X) Change () Addition ZACK, JANICE Name: Name: NEILL, JENNIFER

3000 CORAL HILLS DR 4122 RESIDENCE DR #111 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 US City-St-Zip: FORT MYERS, FL 33901 US

Title: Title:

() Delete (X) Change () Addition DEERING, TARA BROWNLEE, TANGI Name: Name: 12502 PINE DRIVE 3501 JOHNSON STREET Address: Address: City-St-Zip: TAMPA, FL 33612 US City-St-Zip: HOLLYWOOD, FL 33021 US

Title: () Delete Title: (X) Change () Addition

HUTCHES, LESLIE LIRA, TRISH Name: Name: Address: 1600 S ANDREWS AVE Address: 209 MALLORY COURT FORT LAUDERDALE, FL 33316 US WESTON, FL 33326 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER NEILL Т 05/12/2009