

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006792

FILED  
May 01, 2010  
Secretary of State

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

**Current Principal Place of Business:**

4122 RESIDENCE DRIVE  
#111  
FORT MYERS, FL 33901 US

**New Principal Place of Business:**

16066 VIA SOLERA CIRCLE  
105  
FORT MYERS, FL 33908 US

**Current Mailing Address:**

4122 RESIDENCE DRIVE  
#111  
FORT MYERS, FL 33901 US

**New Mailing Address:**

16066 VIA SOLERA CIRCLE  
105  
FORT MYERS, FL 33908 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:**

Title: P  
Name: LIRA, TRISH  
Address: 1600 S ANDREWS AVE  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: V  
Name: COWAN, KELLEY  
Address: 9981 S. HEALTHPARK DRIVE  
City-St-Zip: FORT MYERS, FL 33908 US

Title: D  
Name: HAHESSY, REBECCA  
Address: 3223 NW 10TH TERRACE, SUITE 602  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: T  
Name: NEILL, JENNIFER  
Address: 9981 S. HEALTHPARK DRIVE  
City-St-Zip: FORT MYERS, FL 33908 US

Title: M  
Name: KINNEBREW, SUSAN  
Address: 3100 SW 62ND AVENUE  
City-St-Zip: MIAMI, FL 33155 US

Title: S  
Name: CLASS, LEAH  
Address: 3001 DRIVE MARTIN LUTHER KING JR  
City-St-Zip: TAMPA, FL 33610 US

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER NEILL

T

05/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date