2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006792

1. Entity Name

FLORIDA ASSOCIATION OF CHILD LIFE PROFESSIONALS, INC.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90222 021 ****61.25

Principal Plac	ce of Business	Mailing Address						
1952 LAUGHIN	ig gull in	1952 LAUGHING GULL LN			70038930			
1413 CLEARWATER FL 33762		1413 CLEARWATER FL 33762			. 0030330			
US	76 35702	US		I E 10 (8) 0 1 1 (0 1	HIÐI IÐSKI ÆÐINI ÆÐINI ÐÐINI ÆÐINI HÐ		HEIR (184 188)	
2. Principal P	Place of Business	3. Mailing Address						
5488	12th Ave. North	. است	ue North		010) (85)(00)() 66)(¢ 00)() 90() 18(16 45)IT 16616 10	IIID IIBI IEDI	
Suite, Apt.		Suite, Apt. #, etc.			CHECK HERE IF MAKING	CHANGES		
City & Stat	e	City & State		4. FEI Number 5	9-3563452	Ap	plied For	
St. Petersburg Florida St. Petersburg						No	t Applicable	
Zip	(<i>O</i> Country	Zip) Country	5. Certificate of S		\$8.75 Add		
33710	6. Name and Address of Current R	337 <i>10</i>	USA	7. Nome and Ada		ee Require	d	
•	6. Name and Address of Current H	edistelen Ydellt	Name	7. Name and Add	dress of New Registered A	gent		
VEATON MADEN O								
	KEATON, KAREN S 111 - 2ND AVENUE N STE 610			Street Address (P.O. Box Number is Not Acceptable)				
	ERSBURG FL 33731			,				
OI. I'LIL	INODONA I E 3570 I				ı			
			City		FL	Zip Code	e	
8. The above	named entity submits this statement for	the purpose of changing its re	aistered office or	registered agent, or both, in	the State of Florida. I am fa	 miliar with. :	and accept	
	ions of registered agent.	and party of the region of the	g	regional again, or soun, in	The state of French Fair Fair Fair	277777	and decopt	
SIGNATURE .								
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	legistered Agent signati	ure required when reinstating)	DATE			
ı	FILE NOW: FEE IS \$61.25	9. Election Camp	aign Financing	\$5.00 May Be	Make Check	Payable ¹	to	
	I ILL 14041. I LL 10 401.50							
		Trust Fund Cor	ntribution.	Added to Fees	Florida Depart	ment of S	State	
				Added to Fees				
10.	OFFICERS AND DIRE	ECTORS	11.	Added to Fees ADDITIONS/CHANG	Florida Depart	ECTORS IN	10	
TITLE	PPD		11. TITLE	Added to Fees ADDITIONS/CHANG				
TITLE NAME	PPD RAYOZINSKI, KRISTIE	ECTORS	11. TITLE NAME	Added to Fees ADDITIONS/CHANG P/D/MD Paula Grenes	ES TO OFFICERS AND DIR	ECTORS IN	10	
TITLE NAME STREET ADDRESS	PPD RAYOZINSKI, KRISTIE 92 W MILLER ST	ECTORS	11. TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG P/D/MD Paula Grenier 601 E Rollins St	ES TO OFFICERS AND DIR	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD RAYOZINSKI, KRISTIE 92 W MILLER ST ORLANDO FL 32806	ECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANG P/D/MD Paula Grenier 601 E Rollins St Orlando, FC 32	ES TO OFFICERS AND DIR	ECTORS IN	10 Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PPD RAYOZINSKI, KRISTIE 92 W MILLER ST ORLANDO FL 32806 PD OUTLAW, KELLY	ECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANG P/D/MD Paula Grenier 601 E Rollins St Orlando, FC 32 PE/V/D	ES TO OFFICERS AND DIR	ECTORS IN	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PPD RAYOZINSKI, KRISTIE 92 W MILLER ST ORLANDO FL 32806 PD OUTLAW, KELLY 801 4TH ST SOUTH	ECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANG P/D/MD Paula Grenier 601 E Rollins St Orlando, FC 32 PE/V/D Michelle King. 9981 South Heal	 ES TO OFFICERS AND DIR 803 HA Park Dave	ECTORS IN	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD RAYOZINSKI, KRISTIE 92 W MILLER ST ORLANDO FL 32806 PD OUTLAW, KELLY 801 4TH ST SOUTH SAINT PETERSBURG FL 33701	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANG P/D/MD Paula Grenier 601 E Rollins St Oclando, FC 32 PE/V/D Michelle King 9981 South Heal St. Meyers, FC	 ES TO OFFICERS AND DIR 803 HA Park Dave	ECTORS IN Change Change	10 Addition	
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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: XISTIRM LLBK REKNETTEDM ROGOZINSKI

4/9/03

727-892-4323

	Attackment 70038930 N9800006192 Additions/Changes to Officers and Directors (continued)
Title	
	Jackie Nitsche
Name Street	12220 Bruce B. Downs Blud.
City St-7's	Tampa, FL 33612
	Jampa, 3 C 33672
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