

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

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

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

DOCUMENT # N98000006792

1. Entity Name

**FLORIDA ASSOCIATION OF CHILD LIFE PROFESSIONALS,
INC.**



Principal Place of Business

**1952 LAUGHING GULL LN
1413
CLEARWATER FL 33762
US**

Mailing Address

**1952 LAUGHING GULL LN
1413
CLEARWATER FL 33762
US**

2. Principal Place of Business

5488 12th Ave. North

3. Mailing Address

5488 12th Ave. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

City & State

St. Petersburg, Florida

Zip

33710

Country

USA

Zip

33710

Country

USA

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

**KEATON, KAREN S
111 - 2ND AVENUE N STE 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE	PPD	<input type="checkbox"/> Delete
NAME	RAYOZINSKI, KRISTIE	
STREET ADDRESS	92 W MILLER ST	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	PD	<input type="checkbox"/> Delete
NAME	OUTLAW, KELLY	
STREET ADDRESS	801 4TH ST SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	PEP	<input type="checkbox"/> Delete
NAME	O'NEAL, RENEE	
STREET ADDRESS	12502 N PINE DRIVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	M	<input type="checkbox"/> Delete
NAME	RICHARDSON, EMILY	
STREET ADDRESS	801 6TH ST. SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAHLQUIST, CAROL	
STREET ADDRESS	801 6TH ST SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRENIER, PAULA	
STREET ADDRESS	601 E ROLLINS STREET	
CITY-ST-ZIP	ORLANDO FL 32803	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D/M/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paula Grenier	
STREET ADDRESS	601 E Rollins St.	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	PE/V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michelle King	
STREET ADDRESS	9981 South Health Park Drive	
CITY-ST-ZIP	St. Meyers, FL 33908	
TITLE	PP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emily Richardson	
STREET ADDRESS	801 6th St. S	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Jackson	
STREET ADDRESS	655 W. 8th St.	
CITY-ST-ZIP	Gainesville, FL 32609	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kristie Rogozinski	
STREET ADDRESS	801 6th St. S.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kyleen Slater	
STREET ADDRESS	801 6th St. S.	
CITY-ST-ZIP	St. Petersburg, FL 33701	

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: *Kristie Rogozinski* **REK: KRISTIE M. Rogozinski** 4/9/03 727-892-4323

CR2E037 (10/02)

Attachment

70038930

N9800006792

Additions/Changes to Officers and Directors (continued)

Title

NE

Name

Jackie Nitsche

Street
Address

13320 Bruce B. Downs Blvd.

City
St.-Zip

Tampa, FL 33612