

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23839

**Entity Name:** ASSOCIATION OF FUND RAISING PROFESSIONALS, INC. BIG BEND CHAPTER

**FILED**  
**Apr 24, 2019**  
**Secretary of State**  
**2596914131CC**

**Current Principal Place of Business:**

1331 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

P.O. BOX 16442  
TALLAHASSEE, FL 32317

**FEI Number: 59-2873430**

**Certificate of Status Desired: No**

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

ADAMS, JOHN CHARLES  
1331 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303 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: JOHN ADAMS

04/24/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            BERNARDO, HOLLY  
Address        P.O. BOX 16442  
City-State-Zip: TALLAHASSEE FL 32317

Title            SECRETARY  
Name            WILEY, LEAH  
Address        P.O. BOX 16442  
City-State-Zip: TALLAHASSEE FL 32317

Title            PRESIDENT  
Name            ADAMS, CHARLIE  
Address        1331 EAST 6TH AVENUE  
City-State-Zip: TALLAHASSEE FL 32303

Title            VP  
Name            ASHLER, KATHLEEN  
Address        P.O. BOX 16442  
City-State-Zip: TALLAHASSEE FL 32317

*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: CHARLIE ADAMS

PRESIDENT

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date