

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23839

Entity Name: ASSOCIATION OF FUND RAISING PROFESSIONALS, INC. BIG BEND CHAPTER**FILED**
Apr 18, 2018
Secretary of State
CC5730129639**Current Principal Place of Business:**110 N ADAMS
TALLAHASSEE, FL 32301**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:**DAVIS, JIM
110 N ADAMS STREET
TALLAHASSEE, FL 32301 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: JIM DAVIS****04/18/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	DAVIS, JIM
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	DIRECTOR
Name	ALLEN, NIGEL
Address	P.O. BOX 16442
City-State-Zip:	TALLAHASSEE FL 32317

Title	PRESIDENT
Name	DEKLE, MAY
Address	P.O. BOX 16442
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	ADAMS, CHARLIE
Address	P.O. BOX 16442
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	BORNEMAN, JANET
Address	P.O. BOX 16442
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
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: JIM DAVIS**DIRECTOR****04/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date