

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006792

Entity Name: FLORIDA ASSOCIATION OF CHILD LIFE PROFESSIONALS, INC.**FILED**
Apr 08, 2015
Secretary of State
CC4912683201**Current Principal Place of Business:**3100 SW 62ND AVE
CHILD LIFE DIRECTOR
MIAMI, FL 33155**Current Mailing Address:**3100 SW 62ND AVE
CHILD LIFE DIRECTOR
MIAMI, FL 33155 US**FEI Number: 59-3563452****Certificate of Status Desired: No****Name and Address of Current 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**Officer/Director Detail :**

Title	T
Name	FRAME, KAREN
Address	800 PRUDENTIAL DR. CHILD LIFE DEPARTMENT
City-State-Zip:	JACKSONVILLE FL 32207

Title	M
Name	CASTRO, KASEY
Address	1600 SO. ANDREWS AVE.
City-State-Zip:	FT. LAUDERDALE FL 33316

Title	V
Name	RIVERS, SHANNON
Address	3001 WEST DRIVE MARTIN LUTHER KING JR. BLVD.
City-State-Zip:	TAMPA FL 33607

Title	N
Name	KIRKLAND, PAT
Address	800 PRUDENTIAL DRIVE CHILD LIFE DEPARTMENT
City-State-Zip:	JACKSONVILLE FL 32207

Title	D
Name	MAHONEY, HEATHER
Address	3100 SW 62ND AVE
City-State-Zip:	MIAMI FL 33155

Title	S
Name	CARROLL, BETH
Address	1611 NW 12TH AVE,
City-State-Zip:	MIAMI FL 33136

Title	P
Name	EAVES-HERNANDEZ, DANIELLE
Address	4266 SUNBEAM RD.
City-State-Zip:	JACKSONVILLE FL 32258

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: KAREN FRAME**TREASURER****04/08/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date