

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006792

Entity Name: FLORIDA ASSOCIATION OF CHILD LIFE PROFESSIONALS, INC.**FILED**
Jan 24, 2020
Secretary of State
8541588282CC**Current Principal Place of Business:**601 EAST ROLLINS STREET
ATTN: CHILD LIFE DEPARTMENT
ORLANDO, FL 32803**Current Mailing Address:**11161 E. STATE ROAD 70, SUITE 110 #141
LAKEWOOD RANCH, FL 34202 US**FEI Number:** 59-3563452**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRETE, TANYA N
10620 FOREST RUN DR
BRADENTON, FL 34211 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:** TANYA PRETE

01/24/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	PRETE, TANYA
Address	10620 FOREST RUN DR
City-State-Zip:	BRADENTON FL 34211
Title	VP
Name	HARRIS, MELODY
Address	601 EAST ROLLINS STREET ATTN: CHILD LIFE DEPARTMENT
City-State-Zip:	ORLANDO FL 32803
Title	PRESIDENT
Name	BLACK, KIRSTEN
Address	601 EAST ROLLINS STREET ATTN: CHILD LIFE DEPARTMENT
City-State-Zip:	ORLANDO FL 32803

Title	SECRETARY
Name	BRADLEY, EMILY
Address	601 EAST ROLLINS STREET ATTN: CHILD LIFE DEPARTMENT
City-State-Zip:	ORLANDO FL 32803
Title	PAST PRESIDENT
Name	BERNATH, SUMMER
Address	601 EAST ROLLINS STREET ATTN: CHILD LIFE DEPARTMENT
City-State-Zip:	ORLANDO FL 32803

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: TANYA PRETE

TREASURER

01/24/2020

Electronic Signature of Signing Officer/Director Detail

Date