## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006792

Entity Name: FLORIDA ASSOCIATION OF CHILD LIFE PROFESSIONALS, INC.

**FILED** Apr 28, 2016 **Secretary of State** CC3843327763

## **Current Principal Place of Business:**

1611 NW 12TH AVE CHILD LIFE SPECIALIST MIAMI, FL 33136

## **Current Mailing Address:**

1611 NW 12TH AVE CHILD LIFE SPECIALIST MIAMI, FL 33136 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 Title D

Name FRAME, KAREN Name EAVES-HERNANDEZ, DANIELLE

800 PRUDENTIAL DR. 4266 SUNBEAM ROAD Address Address CHILD LIFE DEPARTMENT

City-State-Zip: JACKSONVILLE FL 32258

City-State-Zip: JACKSONVILLE FL 32207

Title Title M

Name CARROLL, BETH Name QUEEN, BETHANY Address 1611 NW 12TH AVE,

800 PRUDENTIAL DRIVE Address City-State-Zip: MIAMI FL 33136

JACKSONVILLE FL 32207 City-State-Zip:

Title Р Title

RIVERS, SHANNON WHITEHEAD, NAN Name

3001 WEST DRIVE MARTIN LUTHER Address 601 EAST ROLLINS ST. Address KING JR. BLVD.

Name

TAMPA FL 33607 City-State-Zip: ORLANDO FL 32803 City-State-Zip:

Title

CASTRO, KASEY Name

1600 SO. ANDREWS AVE. Address City-State-Zip: FT. LAUDERDALE FL 33316

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.

04/28/2016 SIGNATURE: KAREN FRAME TREASURER