

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006792

Entity Name: FLORIDA ASSOCIATION OF CHILD LIFE PROFESSIONALS, INC.**Current Principal Place of Business:**4842 STAHL CT
ORLANDO, FL 32817**Current Mailing Address:**PO BOX 891
GOLDENROD, FL 32733 US**FEI Number:** 59-3563452**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEYVA, GLORIA
4842 STAHL COURT
ORLANDO, FL 32817 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:** GLORIA LEYVA

03/07/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURE
Name	LEYVA, GLORIA
Address	PO BOX 891
City-State-Zip:	GOLDENROD FL 32733

Title	PAST PRESIDENT
Name	WELLS, HAYLEY
Address	PO BOX 891
City-State-Zip:	GOLDENROD FL 32733

Title	PRESIDENT
Name	RUSSO, CARLY
Address	PO BOX
City-State-Zip:	GOLDENROD FL 32733

Title	SECRETARY
Name	BUWALDA, SARA
Address	PO BOX 891
City-State-Zip:	GOLDENROD FL 32733

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: GLORIA LEYVA

TREASURER

03/07/2023

Electronic Signature of Signing Officer/Director Detail

Date