

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006792

Entity Name: FLORIDA ASSOCIATION OF CHILD LIFE PROFESSIONALS, INC.**FILED**
Mar 12, 2014
Secretary of State
CC7728830254**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	JADUSINGH-SABILLON, RENEE
Address	3100 SW 62 AVENUE
City-State-Zip:	MIAMI FL 33155
Title	M
Name	MCQUOWN, SHANNON
Address	3001 WEST DRIVE MARTIN LUTHER KING JR. BLVD.
City-State-Zip:	TAMPA FL 33607
Title	V
Name	EAVES-HERNANDEZ, DANIELLE
Address	4266 SUNBEAM RD.
City-State-Zip:	JACKSONVILLE FL 32258
Title	N
Name	LIRA, TRISH
Address	506 GARDENS DR. #104
City-State-Zip:	PAMPANO BEACH FL 33069

Title	D
Name	KINNEBREW, SUSAN
Address	3100 SW 62ND AVE CHILD LIFE DIRECTOR
City-State-Zip:	MIAMI FL 33155
Title	S
Name	SAVIC, RENEE
Address	501 6TH AVENUE SOUTH
City-State-Zip:	ST. PETE FL 33703
Title	P
Name	MAHONY, HEATHER
Address	3100 SW 62ND AVE
City-State-Zip:	MIAMI FL 33155

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: RENEE JADUSINGH-SABILLON**FACLP TREASURER****03/12/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date