

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006792

Entity Name: FLORIDA ASSOCIATION OF CHILD LIFE PROFESSIONALS, INC.**FILED**
Apr 30, 2013
Secretary of State
CC5679093440**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	D
Name	CLASS, LEAH
Address	3001 WEST DRIVE MARTIN LUTHER KING JR. BLVD.
City-State-Zip:	TAMPA FL 33607

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

Title	S
Name	PROPST, KELLY
Address	1600 S. ANDREWS AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33316

Title	V
Name	MAHONY, HEATHER
Address	3100 SW 62ND AVENUE
City-State-Zip:	MIAMI FL 33155

Title	P
Name	KINNEBREW, SUSAN
Address	3100 SW 62ND AVE CHILD LIFE DIRECTOR
City-State-Zip:	MIAMI FL 33155

Title	N
Name	MUNDY, KENDAL
Address	1300 MICCOSUKEE ROAD
City-State-Zip:	TALLAHASSEE FL 32308

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**T****04/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date