

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000290

FILED  
Feb 16, 2006  
Secretary of State

**Entity Name:** THE ASSOCIATION OF FUNDRAISING PROFESSIONALS ARREDONDO CHAPTER, INC.

**Current Principal Place of Business:**

1734 NW 7TH PLACE  
GAINESVILLE, FL 32603

**New Principal Place of Business:**

10728 NW 38 PL  
GAINESVILLE, FL 32606 US

**Current Mailing Address:**

1734 NW 7TH PLACE  
GAINESVILLE, FL 32603

**New Mailing Address:**

10728 NW 38 PL  
GAINESVILLE, FL 32606 US

**FEI Number:** 42-1692004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEGENER, STUART  
1734 NW 7TH PLACE  
GAINESVILLE, FL 32603 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HARGROVE, JACKIE  
Address: 3006 NW 39TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: HINSON, MICHELLE  
Address: 10728 NW 38 PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: RHODES, PATRICK  
Address: 725 NE TERR  
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete  
Name: WEGENER, STUART  
Address: 1734 NW 7TH PLACE  
City-St-Zip: GAINESVILLE, FL 32603

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DAVIS, AMY  
Address: 23320 N. SR 235  
City-St-Zip: BROOKER, FL 32622

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: JEFFERS, JENNIFER  
Address: 7631 NW 36 PL  
City-St-Zip: GAINESVILLE, FL 32606

Title: D (X) Change ( ) Addition  
Name: YARICK, WILLIAM  
Address: P.O.BOX 324  
City-St-Zip: LIVE OAK, FL 32064

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHELLE HINSON

D

02/16/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date