

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000290

FILED  
Feb 21, 2008  
Secretary of State

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

**Current Principal Place of Business:**

10728 NW 38 PL  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 324  
LIVE OAK, FL 32064 US

**New Mailing Address:**

**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: WEGENER, STUART  
Address: 1734 NW 7TH PLACE  
City-St-Zip: GAINESVILLE, FL 32603

Title: D ( ) Delete  
Name: MENOHER, DEBBIE  
Address: 2701 NW 103RD WAY  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: JAMES, BOB  
Address: 605 NE 1ST STREET  
City-St-Zip: LAKE CITY, FL 32601

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

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

Title: PP (X) Change ( ) Addition  
Name: WEGENER, STUART  
Address: 1734 NW 7TH PLACE  
City-St-Zip: GAINESVILLE, FL 32603

Title: PRES (X) Change ( ) Addition  
Name: JAMES, BOB  
Address: 605 NE 1ST STREET  
City-St-Zip: LAKE CITY, FL 32601

Title: D (X) Change ( ) Addition  
Name: RICE, KAREN  
Address: 4300 SW 13TH STREET  
City-St-Zip: GAINESVILLE, FL 32608

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM YARICK

D

02/21/2008

Electronic Signature of Signing Officer or Director

Date