

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000290

FILED  
Apr 05, 2009  
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:**

4300 SW 13TH STREET  
GAINESVILLE, FL 32608 US

**Current Mailing Address:**

PO BOX 324  
LIVE OAK, FL 32064 US

**New Mailing Address:**

4300 SW 13TH STREET  
GAINESVILLE, FL 32608 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:**

RICE, KAREN  
4300 SW 13TH STREET  
GAINESVILLE, FL 32608 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: KAREN RICE

04/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: VP (X) Change ( ) Addition  
Name: MEDINA, RICK  
Address: 5745 SW 75TH STREET #317  
City-St-Zip: GAINESVILLE, FL 32608

Title: SEC (X) Change ( ) Addition  
Name: BOYD, MARTHA ANN  
Address: 1106 NE 4TH STREET  
City-St-Zip: GAINESVILLE, FL 32601

Title: TRES (X) Change ( ) Addition  
Name: BOGOLEA, KATHLEEN  
Address: 12717 SW 31ST. AVE.  
City-St-Zip: ARCHER, FL 32618

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: KATHLEEN BOGOLEA

TRES

04/05/2009

Electronic Signature of Signing Officer or Director

Date