


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90072 024 ****61.25

DOCUMENT # N23839 1. Entity Name ASSOCIATION OF FUND RAISING PROFESSIONALS, INC. BIG BEND CHAPTER					
Principal Place of Business 1111 E TENNESSEE STREET TALLAHASSEE, FL 32308			Mailing Address P.O. BOX 16442 TALLAHASSEE, FL 32317		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
02212008 Chg-NP CR2E037 (12/06)			4. FEI Number 59-2873430		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent SUTHERLAND, CHERI 1111 E TENNESSEE STREET TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOLSON, ANTHONY 2000 APALACHEE PKWY #200 TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS NORMAN 1111 E TENNESSEE ST TALLAHASSEE FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CENTER, TIM 1425 PIEDMONT DR #1 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, RANIE 444 APPELYARD DR TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STALNAKER, TARA 216 LAKE ELLA DR TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CYNTHIA HOLMES 2920 EDENDERRY DR TALLAHASSEE FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLURE, LEILA 3737 MERIDIAN N TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANSBURY, ALYCE LEE 322 BEARD ST., #104 TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY LAZOR 2252 KILLEARN CENTER BLVD #100 TALLAHASSEE FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Cynthia Holmes</i> February 21, 2008 850 385-3144					

ATTACHMENT

40032448

2008 Not-for-Profit Corporation
Annual Report

DOCUMENT # N23839

Association of Fund Raising Professionals
Big Bend Chapter

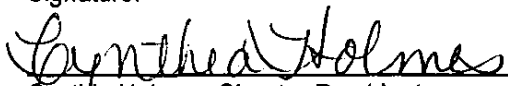
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11. Additions / Changes to Officers and Directors

TITLE	D	✓ ADDITION
NAME	Vann Middleton	
ADDRESS	13093 Henry Beadel Drive	
CITY-ST-ZIP	Tallahassee, FL 32312	

TITLE	D	✓ ADDITION
NAME	Judith Miller	
ADDRESS	1170 Capital Circle, NE,	
CITY-ST-ZIP	Tallahassee, FL 32301	

Signature:



Cynthia Holmes, Chapter President

2/21/08
Date

(850) 385-3144
Daytime Phone #