2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2005 8:00 am Secretary of State

							v		
DOCUMENT # N9200000101 1. Entity Name THE FORT LAUDERDALE/BROWARD CHAPTER OF THE ASSOCIATION OF FUNDRAISING PROFESSIONALS, INC.						01-28-200	5 90025 010 ****	⁶ 61.25	
Principal Place of Business Mailing Address P.O. BOX 1598 P.O. BOX 1598 FT LAUDERDALE, FL 33302-1598 FT LAUDERDALE, FL 333					40008332				
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01242005	Chg-NP	CR2E037 (10/03)		
City & State		City & State			4. FEI Numbe 65-0133			pplied For lot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	\$8.75 Ac	Iditional	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New I	Registered Agent		
WELOU !	, , , , , , , , , , , , , , , , , , ,		Name	m	narks Lunn Crossberger				
WELCH, JOANNE N				Street Address (P.O. Box Number is Not Acceptable)					
119 ROSE DR. FORT LAUDERDALE, FL 33316				3435 Johnson St.					
		• • • • •		-					
			City	City Hollywood FL Zip Code 3302)					
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.									
Lynn CMades, CFRT 1/24/05									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$61.25 9. Election Campi Due by May 1, 2005 Trust Fund Cor					\$5.00 May B Added to Fees		Make check payable rida Department of S		
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CH/	ANGES TO OFFICE	ERS AND DIRECTORS I	N 10	
TITLE	P	Delete .	TITLE	١,٢	r .i.	L	Change	Addition	
NAME STREET ADDRESS	WELCH, JOANNE N MRS. 119 ROSE DRIVE		NAME STREET ADDRESS	Lyni	n tranchin 5 Junson	ger Murk	•		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP	1 -	award. F	L 3303	2.1		
TITLE	Т	☐ Delete	TITLE	7	10000	<u> </u>	★ Change	Addition	
NAME	LONG, JUDI L		NAME	Den	Enchus	- •	7		
STREET ADDRESS	1501 E. BROWARD BLVD. SUITE	E 605	STREET ADDRESS	5 343	5 Janhsi	,, SF-			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		ywood, F	<u>1 3309</u>			
TITLE NAME	S "CARLSON,"SUSAN"	☐ Delete	TITLÉ NAME	SEC	-Zolot		Change	Addition	
STREET ADDRESS	6800 W COMMERCIAL BLVD SL	IITE 3	STREET ADDRESS						
CITY-ST-ZIP	LAUDERHILL, FL 33319		CITY-ST-ZIP	fort	Lavderda	. '~ ~! ~.	388		
TITLE	D	☐ Delete	TITLE	۵		1	Change	Addition	
NAME	KEIN, GUS MR.		NAME		Kein w	1-10	,		
STREET ADDRESS CITY-ST-ZIP	1480 SW 9TH AVENUE FORT LAUDERDALE, FL 33315		STREET ADDRESS CITY-ST-ZIP	s 20 i	. i . i . i	Ave.	_		
TITLE	D .	□ Delete	TITLE	10/1	Lowdirds	4, FL 33	3/2 X Change	☐ Addition	
NAME	EACHUS, DONALD	□ Delete	NAME	Donn	ne welch	I	JA Change	Addition	
STREET ADDRESS	100 S. ANDREWS AVE.		STREET ADDRESS		Rose Dr.				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	-	CITY-ST-ZIP -	Fret	Lude-dale	FL 333			
TITLE	D	☐ Defete	TITLE	51.	abeth well	h	Change	☐ Addition	
NAME STREET ADDRESS	MELTZER, GAIL 2100 S OCEAN LANE SUITE 220		NAME STREET ADDRESS			· 4	<i>:</i>		
CITY-ST-ZIP	FT LAUDERDALE, FL 33316		CITY-ST-ZIP	- hard	- Livutala		3314		
12. I hereby o	<u> </u>	this filing does not qualify for	the exemption s	tated in Se				information	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and faccurate 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 of the receiver of the same legal effect as if made under oath; that I am an officer or director.									