

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90033 027 \*\*\*\*61.25

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01232006 Chg-NP CR2E037 (11/05)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                     |                                                                                  |                                                                           |                                                                                                                                                                                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N92000000101</b><br>1. Entity Name<br><b>THE FORT LAUDERDALE/BROWARD CHAPTER OF THE ASSOCIATION OF FUNDRAISING PROFESSIONALS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     |                                                                                  |                                                                           |                                                                                                                                                                                               |  |
| Principal Place of Business<br><b>P.O. BOX 1598<br/>FT LAUDERDALE, FL 33302-1598</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     |                                                                                  | Mailing Address<br><b>P.O. BOX 1598<br/>FT LAUDERDALE, FL 33302-1598</b>  |                                                                                                                                                                                               |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     | 3. Mailing Address                                                               |                                                                           |                                                                                                                                                                                               |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     | Suite, Apt. #, etc.                                                              |                                                                           |                                                                                                                                                                                               |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     | City & State                                                                     |                                                                           |                                                                                                                                                                                               |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     | Country                                                                          |                                                                           | Zip                                                                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                     |                                                                                  |                                                                           |                                                                                                                                                                                               |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                     |                                                                                  |                                                                           | 7. Name and Address of New Registered Agent                                                                                                                                                   |  |
| <b>MARKS, LYNN C<br/>3435 JOHNSON ST<br/>HOLLYWOOD, FL 33021</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                     |                                                                                  |                                                                           | Name <b>Gus Kein</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2501 SW 5 Ave</b><br>City <b>Fort Lauderdale</b> <b>FL</b> Zip <b>33312</b>                                  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                                                                  |                                                                           |                                                                                                                                                                                               |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                           | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                     |                                                                                  |                                                                           | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |                                                                                  | 11. P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                   |                                                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>MARKS, LYNN C</b> <input checked="" type="checkbox"/> Delete<br><b>3435 JOHNSON ST</b><br><b>HOLLYWOOD, FL 33021</b> |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <b>P</b><br><b>Kein, Gus</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>201 SW 5 Ave</b><br><b>Fort Lauderdale, FL 33312</b><br><b>T</b>              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>T</b><br><b>EUCHUS, DON</b> <input checked="" type="checkbox"/> Delete<br><b>3435 JOHNSON ST</b><br><b>HOLLYWOOD, FL 33021</b>   |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <b>Schuster, Rick</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>2601 W. Broward Boulevard</b><br><b>Fort Lauderdale, FL 33312</b>                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>S</b><br><b>ZLOTIN, STACY</b> <input type="checkbox"/> Delete<br><b>4725 N FEDERAL HWY</b><br><b>FORT LAUDERDALE, FL 33308</b>   |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <b>VP</b><br><b>Witte, Barbara</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1401 E. Broward Blvd., Ste. 100</b><br><b>Fort Lauderdale, FL 33301</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>KEIN, GUS</b> <input type="checkbox"/> Delete<br><b>201 SW 5TH AVE</b><br><b>FORT LAUDERDALE, FL 33312</b>           |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <b>VP</b><br><b>Ludwig, Bich-ly</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>305 SE 18<sup>th</sup> Court</b><br><b>Fort Lauderdale, FL 33316</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>WELCH, JOANNE</b> <input type="checkbox"/> Delete<br><b>119 ROSE DR</b><br><b>FORT LAUDERDALE, FL 33316</b>          |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <b>VP</b><br><b>Anderson, Richard</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>902 NE First Street</b><br><b>Pompano Beach, FL 33060</b>            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>WELCH, ELIZABETH</b> <input type="checkbox"/> Delete<br><b>3305 COLLEGE AVE</b><br><b>FORT LAUDERDALE, FL 33314</b>  |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <b>D</b><br><b>Croneberger, Lynn</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3435 Johnson Street</b><br><b>Hollywood, FL 33021</b>                 |  |
| 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. |                                                                                                                                     |                                                                                  |                                                                           |                                                                                                                                                                                               |  |
| <b>SIGNATURE:</b> <u>LLT</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                                                                  | <u>1/27/06</u> <u>954-321-4643</u><br><small>Date Daytime Phone #</small> |                                                                                                                                                                                               |  |

# ATTACHMENT

60007448  
Block 11:

## Additions to List of Officers and Directors

### 2006 Not-for-Profit Corporation Amended Annual Report

The Fort Lauderdale/Broward Chapter of the Association of Fundraising Professionals, Inc.  
Document #N92000000101

#### VP

Cousins, Kathryn  
6710 W. Sunrise Blvd., Ste 111  
Plantation, FL 33313

#### VP

Bradley, Andrea  
PO Box 676  
Fort Lauderdale, FL 33302

#### D

Eachus, Don  
3435 Johnson Street  
Hollywood, FL 33021

#### D

Barker, Lisa  
11 NW 36 Avenue  
Fort Lauderdale, FL 33311

#### D

Chediak, Cristina  
119 Rose Drive  
Fort Lauderdale, FL 33316

#### D

DuCuennois, Sara  
3301 College Avenue  
Ft. Lauderdale, Florida 33314

#### D

Johnson, Danielle  
6701 W. Sunrise Blvd., Ste 111  
Plantation, FL 33313

#### D

Long, Judi  
3064 S. Oakland Forest Dr., #1002  
Fort Lauderdale, FL 33309

#### D

Meltzer, Gail  
PO Box 81-3387  
Hollywood, FL 33081-3387

#### D

Porter, Tracy  
PO Box 016960  
(M867)  
Miami, FL 33101

#### D

Reiersen, Nanct  
300 NE Third Ave., #340  
Fort Lauderdale, FL 33301

#### D

Teeple, Berne  
920 NW 7<sup>th</sup> Ave.  
Fort Lauderdale, FL 33311

#### D

Welch, Joanne  
3325 Hollywood Boulevard  
Suite 400  
Hollywood, FL 33021

#### D

Torano, Damau  
200 East Las Olas Blvd.  
Fort Lauderdale, FL 33301

#### D

Siegel, Steven  
PO Box 650266  
Miami, FL 33165-0266