2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90086 036 ****61.25

DOCUMENT # N92000000101

1. Entity Name
THE FORT LAUDERDALE/BROWARD CHAPTER OF THE ASSOCIATION OF FUNDRAISING PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1598 FT LAUDERDALE, FL 33302-1598	P.O. BOX 1598 FT LAUDERDALE, FL 33302-1598

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03232008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0133478 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WITTE, BARBARA 1401 W. BROWARD BLVD., STE 100 FORT LAUDERDALE, FL 33301	Name: Cousins Katherine Street Address (P.O. Box Numbers Not Acceptable): 9605 NW 124th Ave City: Coral Springs FL Zip Code: 33065

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: K Cousins 4-16-08
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
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P WITTE, BARBARA 1401 W. BROWARD BLVD., STE 100 FORT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHUSTER, RICK 2601 W. BROWARD BLVD FORT LAUDERDALE, FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Kathy Thompson PO Box 12091D Fort Lauderdale FL 33312 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SIEGEL, STEVE 9248 NW 9TH CT PLANTATION, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Don Eachus 3435 Johnson ST Holly wood FL 33313 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEIN, GUS 201 SW 5TH AVE FORT LAUDERDALE, FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Lisa Welch 450 N Park Rd. Ste. 301 Hollywood FL 33021 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COUSINS, KATHRYN 6710 W. SUNRISE BLVD., STE 111 PLANTATION, FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Sara DuCuennois 3301 Colese Ave. Fort Lauderdale FL 33313 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EACHUS, DON 3435 JOHNSON ST HOLLYWOOD, FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary - Jennifer Sleeper PO Box 676 Ft. Lauderdale FL 33312 ☐ Change ☐ 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: [signature] 4-8-08 954-332-3459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #