N92000000101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
08 DEC 11 AM 8:51

Roberts DEC 12 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2008

LAURA SILVERMAN
AFP BROWARD
7154 N UNIVERSITY DR #186
TAMARAC, FL 33321

SUBJECT: THE FORT LAUDERDALE/BROWARD CHAPTER OF THE ASSOCIATION OF FUNDRAISING PROFESSIONALS, INC.
Ref. Number: N92000000101

We have received your document for THE FORT LAUDERDALE/BROWARD CHAPTER OF THE ASSOCIATION OF FUNDRAISING PROFESSIONALS, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 208A00057581

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Ft Lauderdale/Broward Chapter of the Assn of Fundraising Professionals, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N 02000000101

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Silverman
(Name of Contact Person)

AFP Broward
(Firm/Company)

7154 N. University Dr #186
(Address)

Tamarac FL 33321
(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Silverman at (954) 476-3656
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: The Fort Lauderdale/Broward Chapter of the Association of Fundraising Professionals, Inc.

2. The principal office address: 7154 N. University Dr #186 Tamarac, FL 33321

3. The mailing address (if different): _____

4. Date of incorporation/qualification 11-2-1992 Document number: N92000000101

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

~~[illegible]~~ Katherine Cousins
~~[illegible]~~ 2605 NW 124 Ave
~~Ft Lauderdale, FL 33302~~ Coral Springs, FL 33065

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Laura Silverman
7154 N. University Dr #186
(P.O. Box NOT acceptable)
Tamarac, FL 33321

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TALLAHASSEE, FLORIDA
08 DEC 11 AM 8:00

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X Kathy Thomsen
(Signature of an officer or director)

Kathy Thomsen, Treasurer
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Laura Silverman
(Signature of Registered Agent)

11/1/08
(Date)

If signing on behalf of an entity:

alkfjsaldkfj
(Typed or Printed Name)

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)