

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90321 012 ****70.00

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1. Entity Name

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



Principal Place of Business

P.O. BOX 1598
FT LAUDERDALE FL 33302-1598

Mailing Address

P.O. BOX 1598
FT LAUDERDALE FL 33302-1598

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

SCHUSTER, RICHARD
225 EAST LAS OLAS BLVD.
BROWARD COMMUNITY COLLEGE FOUNDATION
FT LAUDERDALE FL 33301-2208

Name

Joanne Nowlin Welch

Street Address (P.O. Box Number is Not Acceptable)

119 Rose Drive

City

Ft. Lauderdale

FL

Zip Code

33316

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

Joanne Welch, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/03

FILE NOW: FEE IS \$61.25

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 **P** ☒ Delete
NAME **SIPOS, DORIS**
STREET ADDRESS **3435 JOHNSON STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **President** ☐ Change ☒ Addition
NAME **Kimberly Drinkwine Church**
STREET ADDRESS **201 SW 5 Avenue**
CITY-ST-ZIP **Ft Lauderdale FL 33312**

TITLE **VP** ☒ Delete
NAME **SCHUSTER, RICHARD**
STREET ADDRESS **225 EAST LAS OLAS BOULEVARD**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Joanne Nowlin Welch**
STREET ADDRESS **119 Rose Drive**
CITY-ST-ZIP **Ft Lauderdale FL 33316**

TITLE **S** ☐ Delete
NAME **GRESS, SALLY**
STREET ADDRESS **1445 WEST BROWARD BOULEVARD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CARNEY, JUDITH**
STREET ADDRESS **5126 NW 59 WAY**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **EACHUS, DONALD**
STREET ADDRESS **100 S. ANDREWS AVE.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BROWN, LESLIE**
STREET ADDRESS **201 SW 5TH AVE.**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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: *Joanne Welch* **1/25/03** **954-763-6776**

CR2E037 (10/02)