

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001741

FILED  
Mar 05, 2007  
Secretary of State

**Entity Name:** ASSOCIATION OF FUNDRAISING PROFESSIONALS, PALM BEACH COUNTY CHAPTER, INC.

**Current Principal Place of Business:**

P.O. BOX 18279  
WEST PALM BEACH, FL 334168279 US

**New Principal Place of Business:**

1016 N DIXIE HIGHWAY  
WEST PALM BEACH, FL 33401 US

**Current Mailing Address:**

P.O. BOX 18279  
WEST PALM BEACH, FL 334168279 US

**New Mailing Address:**

**FEI Number:** 65-0330522      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOBS, ROXANNE  
4522 S. CONGRESS AVENUE  
LAKE WORTH, FL 33461 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COLLEMER, STANTON  
Address: 1016 N. DIXIE HIGHWAY  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: S ( ) Delete  
Name: STINSON, LORIE  
Address: PO BOX 210367  
City-St-Zip: WEST PALM BEACH, FL 33421

Title: T ( ) Delete  
Name: JACOBS, ROXANNE  
Address: 4522 S. CONGRESS AVENUE  
City-St-Zip: LAKE WORTH, FL 33461

Title: V ( ) Delete  
Name: DECKERT, MARIE  
Address: 7108 FAIRVIEW DR  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: V ( ) Delete  
Name: RODUSKY, JAN  
Address: 1016 N. DIXIE HIGHWAY  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: V ( ) Delete  
Name: EMMETT, KATHLEEN  
Address: 5300 EAST AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: STINSON, LORIE  
Address: 9067 SOUTHERN BLVD  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: HUTCHEON, SUE  
Address: 101 N CLEMANTIS ST SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROXANNE JACOBS

T

03/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date