

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001741

FILED
Jan 14, 2008
Secretary of State

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

Current Principal Place of Business:

1016 N DIXIE HIGHWAY
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

4522 SOUTH CONGRESS AVENUE
LAKE WORTH, FL 33461 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 (X)**

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: 9067 SOUTHERN BLVD
City-St-Zip: WEST PALM BEACH, FL 33411

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: HUTCHEON, SUE
Address: 101 N CLEMANTIS ST SUITE 200
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: V (X) Change () Addition
Name: COLLEMER, STANTON
Address: 1016 N. DIXIE HIGHWAY
City-St-Zip: WEST PALM BEACH, FL 33405

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

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

Title: P (X) Change () Addition
Name: DECKERT, MARIE
Address: 7108 FAIRVIEW DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

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

I hereby certify that the information supplied with this filing does not qualify 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

01/14/2008

Electronic Signature of Signing Officer or Director

Date