2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001741

Jan 05, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

9067 SOUTHERN BLVD 4522 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 33411 LAKE WORTH, FL 33461 LIS

Current Mailing Address: New Mailing Address:

P.O. BOX 18279

WEST PALM BEACH, FL 33416

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

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

JACOBS, ROXANNE 4522 SOUTH CONGRESS AVE LAKE WORTH, FL 33461

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:

MANN, SUELLEN K CFRE Name: Address: 4200 CONGRESS AVENUE City-St-Zip: LAKE WORTH, FL 33461

Title:

Name: JACOBS, ROXANNE CFRE Address: 4522 SOUTH CONGRESS AVE City-St-Zip: LAKE WORTH, FL 33461

Title:

STINSON, LORIE Name: Address: 9067 SOUTHERN BLVD. City-St-Zip: WEST PALM BEACH, FL 33411

Title:

Name: HUTCHEON, SUSAN

440 ROYAL PALM WAY, SUITE 300 Address:

City-St-Zip: PALM BEACH, FL 33480

Title: VΡ

Name: ARCHER, LISA 845 DOGWOOD ROAD Address: NORTH PALM BEACH, FL 33408 City-St-Zip:

Title:

BRAND, AMY Name:

Address: 2815 S, SEACREST BLVD. BOYNTON BEACH, FL 33435 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: ROXANNE JACOBS T 01/05/2012