


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90010 029 ****61.25

DOCUMENT # N94000002590

1. Entity Name
SOUTHWEST FLORIDA CHAPTER ASSOCIATION OF
FUNDRAISING PROFESSIONALS, INC.



Principal Place of Business
PO BOX 4133
SARASOTA, FL 34230-4133 US

Mailing Address
PO BOX 4133
SARASOTA, FL 34230-4133 US

54062822



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

07132004 Chg-NP CR2E037 (10/03)

City & State
Zip Country

4. FEI Number
65-0288699

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BUTERA-DUTTON, CAROL
ONE SOUTH SCHOOL AVENUE
SARASOTA, FL 34237

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 8, 2004**

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	<input type="checkbox"/> Delete
NAME	BUTERA-DUTTON, CAROL	
STREET ADDRESS	ONE SOUTH SCHOOL AVENUE	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, GARY W	
STREET ADDRESS	7498 ELEANOR CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREAVES, LINDA	
STREET ADDRESS	6700 CLARK ROAD	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BREEZE, LAURA	
STREET ADDRESS	5129 WILLOW LINKS	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SONS, KEN	
STREET ADDRESS	1723 N ORANGE AVENUE	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRIDMORE, FAITH	
STREET ADDRESS	4171 FRUITVILLE ROAD	
CITY-ST-ZIP	SARASOTA, FL 34232	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIDMORE, FAITH	
STREET ADDRESS	597 S. TAMiami TRAIL	
CITY-ST-ZIP	VENICE, FL 34285	

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: GARY W. SMITH, Treasurer Date: 7/13/04

(941) 359-4821