

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90024 048 ****70.00

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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

60006977



01232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0288699	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TERRY, SUSAN
 1231 N. TUTTLE AVE.
 SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

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 May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, GARY
STREET ADDRESS	7498 ELEANOR CIRCLE
CITY - ST - ZIP	SARASOTA, FL 34243
TITLE	TD
NAME	TERRY, SUSAN
STREET ADDRESS	1231 N. TUTTLE AVE.
CITY - ST - ZIP	SARASOTA, FL 34237
TITLE	SD
NAME	PRIDMORE, FAITH
STREET ADDRESS	597 S. TAMiami TRAIL
CITY - ST - ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Susan Terry* **SUSAN TERRY** 1/27/06 941 366046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #