

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90016 041 ****61.25

DOCUMENT # N94000002590
1. Entity Name
**SOUTHWEST FLORIDA CHAPTER ASSOCIATION OF
FUNDRAISING PROFESSIONALS, INC.**



Principal Place of Business Mailing Address
1231 N. TUTTLE AVENUE PO BOX 4133
SARASOTA FL 34237 SARASOTA FL 34230-4133
US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
6120 S. Lockwood Ridge
Suite, Apt. #, etc. Suite, Apt. #, etc.
Sarasota, FL

1st MOORE CR2E037 (10/07)

City & State City & State
34231
Zip Country Zip Country
USA

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

7. Name and Address of New Registered Agent
Name **Kim Noyes**
Street Address (P.O. Box Number is Not Acceptable)
6120 S. Lockwood Ridge Rd.
City **Sarasota** FL Zip Code **34231**

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 *Kim Noyes* **2-5-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	INTAGLIATA, LISA	
STREET ADDRESS	1838 WALDEMERE STREET	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TERRY, SUSAN	
STREET ADDRESS	1231 N. TUTTLE AVE.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PRIDMORE, FAITH	
STREET ADDRESS	597 S. TAMAMI TRAIL	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Lloyd	
STREET ADDRESS	Easter Seals 350 Braden Ave.	
CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Elbare	
STREET ADDRESS	2261 Groveland Dr.	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephania Feltz	
STREET ADDRESS	Girl's Inc. 201 S. Tuttle Ave.	
CITY-ST-ZIP	Sarasota, FL 34237	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Bill Lloyd* **Bill Lloyd** **2/2/08 941-504-9069**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER