

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002590

FILED
Jan 17, 2009
Secretary of State

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

Current Principal Place of Business:

6120 S. LOCKWOOD RIDGE
SARASOTA, FL 34231 US

New Principal Place of Business:

6120 S. LOCKWOOD RIDGE
SARASOTA, FL 34231 US

Current Mailing Address:

PO BOX 4133
SARASOTA, FL 342304133 US

New Mailing Address:

FEI Number: 65-0288699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOYES, KIM
6120 S. LOCKWOOD RIDGE RD
SARASOTA, FL 34231 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: LLOYD, BILL
Address: 350 BRADEN AVE
City-St-Zip: SARASOTA, FL 34243

Title: TD () Delete
Name: ELBARE, JOHN
Address: 2261 GROVELAND DR
City-St-Zip: LUTZ, FL 33549

Title: SD () Delete
Name: FELTZ, STEPHANIE
Address: 201 S. TUTTLE AVE
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KARPATY, ZOLTAN
Address: 7501 15TH STREET E
City-St-Zip: SARASOTA, FL 34243

Title: TD (X) Change () Addition
Name: SEITER, SUZANNE
Address: 6256 TUPELO TRAIL
City-St-Zip: BRADENTON, FL 34202

Title: SD (X) Change () Addition
Name: RICHEY, MARY LEE
Address: 2700 N. TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34234

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: ZOLTAN KARPATY

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date