

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002590

**FILED**  
**Jan 05, 2012**  
**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:**

**Current Mailing Address:**

6120 S. LOCKWOOD RIDGE  
SARASOTA, FL 34231 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  
Name: BELL, JUDITH  
Address: 4411 BEE RIDGE RD., STE. 246  
City-St-Zip: SARASOTA, FL 34233

Title: TD  
Name: SEITER, SUZANNE  
Address: 6256 TUPELO TRAIL  
City-St-Zip: BRADENTON, FL 34202

Title: SD  
Name: CRAWFORD, ESTELLE  
Address: 1501 N. ORANGE AVENUE  
City-St-Zip: SARASOTA, FL 34236

Title: VP  
Name: SAIONZ, MARY  
Address: 1515 S. OSPREY AVE. #B4  
City-St-Zip: SARASOTA, FL 34239

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: JUDITH BELL

P

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date