

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90079 044 ****70.00

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



Principal Place of Business
**TAKE STOCK IN CHILDREN
30 E. TEXAR
PENSACOLA, FL 32503 US**

Mailing Address
**AFP WEST FLORIDA
P O BOX 30366
PENSACOLA, FL 32503 US**

50061507



2. Principal Place of Business
**United Cerebral Palsy
Suite, Apt. #, etc.
2912 North E St.
City & State
Pensacola, FL
Zip
32501 Country
USA**

3. Mailing Address
**Suite, Apt. #, etc.
City & State
Zip
Country**

08102005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3139669

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**HIGHTOWER, PATRICIA
30 E. TEXAR
PENSACOLA, FL 32503**

7. Name and Address of New Registered Agent
**Name
Lynn Carper
Street Address (P.O. Box Number is Not Acceptable)
2912 North E St.
City
Pensacola FL Zip Code
32501**

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 **Lynn Carper** **Lynn Carper, Treasurer** **8-8-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MEPHAM, THERESA 8383 N DAVIS HIGHWAY PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Gay Deese 5375 N. Ninth Ave Pensacola, FL 32523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SZULCZEWSKI, KAREN 916 E. FAIRFIELD PENSACOLA, FL 32503 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Stephanie McLeod 10000 University Pkwy Pensacola, FL 32514 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILLEKE, KENDA 1000 COLLEGE BLVD PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARPER, LYNN 2912 NE ST PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HIGHTOWER, PATTY 30 E. TEXAR DR PENSACOLA, FL 32503 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Brett Berg 1000 W. Moreno St. Pensacola, FL 32501 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD HILLEKE, KENDA 21 S. TARRAGONA STREET PENSACOLA, FL 32501 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Lynn Carper** **Lynn Carper, Treasurer** **8-8-05** **850-432-1596**
Signature and typed or printed name of signing officer or director Date Daytime Phone #