

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90033 029 ****70.00

DOCUMENT # N94000004275					
1. Entity Name ASSOCIATION OF FUNDRAISING PROFESSIONALS WEST FLORIDA CHAPTER, INC.					
Principal Place of Business UNITED CEREBRAL PALSY 2912 NORTH E ST PENSACOLA, FL 32501 US			Mailing Address AFP WEST FLORIDA P O BOX 30366 PENSACOLA, FL 32503 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3139669	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARPER, LYNN 2912 NORTH E ST PENSACOLA, FL 32501			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD DEESE, GAY 5375 N NINTH AVE PENSACOLA, FL 32520 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 1300 N. Palafox St. 32501 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCLEOD, STEPHANIE 10000 UNIVERSITY PKWY PENSACOLA, FL 32514 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILLEKE, KENDA 1000 COLLEGE BLVD PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARPER, LYNN 2912 NE ST PENSACOLA, FL 32501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERG, BRETT 1000 W MORENE ST PENSACOLA, FL 32501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Nancy Power 1800 N. Palafox St. Pensacola, FL 32501 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 <i>Lynn Carper</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			LYNN CARPER 2-10-06 850-432-1596 <small>Date Daytime Phone #</small>		



ATTACHMENT

60016396

#N94000004275

February 10, 2006

DIVISION OF CORPORATIONS
P. O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: 2006 Not-For-Profit Corporation Annual Report
Association of Fundraising Professionals, West Florida Chapter

Dear Sir/Madam:

Enclosed please find our completed and signed 2006 Not-For-Profit Corporation Annual Report, which includes a check in the amount of \$70.00.

If you have any questions or need additional information, please don't hesitate to give me a call during the day at (850) 432-1596, or email me at lcarper@ucpnwfl.org.

Sincerely,

A handwritten signature in cursive script that reads "Lynn Carper". The signature is written in dark ink and is positioned above the printed name and title.

Lynn Carper
Chapter Treasurer

Enclosure: Renewal