2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# N94000004275

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

Current Principal Place of Business:

UNITED CEREBRAL PALSY
2912 NORTH E ST
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3139669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARPER, LYNN
2912 NORTH E ST
PENSACOLA, FL 32501 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: PD ( ) Delete
Name: DEESE, GAY
Address: 1300 N PALAFAX ST
City-St-Zip: PENSACOLA, FL 32501

Title: SD ( ) Delete
Name: MCLEOD, STEPHANIE
Address: 10000 UNIVERSITY PKWY
City-St-Zip: PENSACOLA, FL 32514

Title: TD ( ) Delete
Name: CARPER, LYNN
Address: 2912 NE ST
City-St-Zip: PENSACOLA, FL 32501

Title: VD ( ) Delete
Name: BERG, BRETT
Address: 1000 W MORENE ST
City-St-Zip: PENSACOLA, FL 32501

Title: VD (X) Delete
Name: POWER, NANCY
Address: 1800 N PALAFAX ST
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WOLFE, NANCY
Address: 1800 N PALAFAX ST
City-St-Zip: PENSACOLA, FL 32501

Title: SD (X) Change ( ) Addition
Name: SHELL, PAULA
Address: 5514 N DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32503

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: DENSON, RON
Address: 1301 WEST GOVERNMENT ST
City-St-Zip: PENSACOLA, FL 32501

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNN CARPER TD 01/08/2007

Electronic Signature of Signing Officer or Director — Date