

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90208 027 ****70.00

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008 Chg-NP CR2E037 (12/06)

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

CARPER, LYNN
2912 NORTH E ST
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

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

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 May 1, 2008

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WOLFE, NANCY	
STREET ADDRESS	1800 N PALAFAX ST	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHELL, PAULA	
STREET ADDRESS	5514 N DAVIS HIGHWAY	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARPER, LYNN	
STREET ADDRESS	2912 NE ST	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DENSON, RON	
STREET ADDRESS	1301 WEST GOVERNMENT ST	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carper, Lynn	
STREET ADDRESS	2912 North E Street	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matthew E. Speed	
STREET ADDRESS	70 N. Baylen Street	
CITY-ST-ZIP	Pensacola, FL 32502	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Szulczewski	
STREET ADDRESS	912 E. Gadsden Street	
CITY-ST-ZIP	Pensacola, FL 32501	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 9, 2008

850-432-1596

Date

Daytime Phone #