

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004275

FILED  
Jan 07, 2009  
Secretary of State

**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:

ALZHEIMER'S FAMILY SERVICES  
1901 N PALAFOX ST  
PENSACOLA, FL 32501 US

## 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:

ROBISON, KRISTINA  
1901 N PALAFOX ST  
PENSACOLA, FL 32501 US

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: KRISTINA ROBISON

01/07/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CARPER, LYNN  
Address: 2912 NORTH E STREET  
City-St-Zip: PENSACOLA, FL 32501

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

Title: TD ( ) Delete  
Name: SPEED, MATTHEW E  
Address: 70 N. BAYLEN STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: VD (X) Delete  
Name: SZULCSEWSKI, KAREN  
Address: 912 E. GADSDEN STREET  
City-St-Zip: PENSACOLA, FL 32501

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ROBISON, KRISTINA  
Address: 1901 N PALAFOX ST  
City-St-Zip: PENSACOLA, FL 32501

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

Title: TD (X) Change ( ) Addition  
Name: DOYLE, RODGER P  
Address: 1999 EAST NINE MILE ROAD  
City-St-Zip: PENSACOLA, FL 32514

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

I hereby certify that the information supplied with this filing does not qualify 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: RON DENSON

VD

01/07/2009

Electronic Signature of Signing Officer or Director

Date