

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004275

FILED
Feb 09, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

C/O UNITED WAY OF ESCAMBIA COUNTY
1301 W GOVERNMENT ST
PENSACOLA, FL 32502 US

Current Mailing Address:

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

New Mailing Address:

AFP WEST FLORIDA CHAPTER
P O BOX 9858
PENSACOLA, FL 32513 US

FEI Number: 59-3139669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DENSON, RONALD L
1301 W GOVERNMENT ST
PENSACOLA, FL 32502 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: RONALD L. DENSON

02/09/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: DENSON, RONALD L
Address: 1301 W GOVERNMENT ST
City-St-Zip: PENSACOLA, FL 32502

Title: TD
Name: OBERTO, SHARON
Address: 1999 EAST NINE MILE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: VP
Name: ALICIA, HEFTY
Address: 3107 N DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

I hereby 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 all other like empowered.

SIGNATURE: ROANLD L. DENSON

PD

02/09/2010

Electronic Signature of Signing Officer or Director

Date