2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004275

FILED Jan 15, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: 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 ()

Name and Address of Current Registered Agent: 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:

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 US

Title: TD

 Name:
 HUGGINS, PAM

 Address:
 2912 NORTH E STREET

 City-St-Zip:
 PENSACOLA, FL 32501 US

Title: VF

Name: WHITTEN, PATRICE S CFRE
Address: 1000 COLLEGE BLVD
City-St-Zip: PENSACOLA, FL 32503 US

Title: VP

 Name:
 KYSER, ERMA M

 Address:
 4584 ISABELLA DRIVE

 City-St-Zip:
 PENSACOLA, FL 32504 US

Title: SD

Name: KIRK, JESSICA Address: 7840 LILAC LANE

City-St-Zip: PENSACOLA, FL 32514 US

Title: VP

Name: BAKER, LAVERNE Address: PO BOX 9858

City-St-Zip: PENSACOLA, FL 32513 US

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: RONALD L. DENSON PD 01/15/2011