2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004
Secretary of State

DOCUMENT# N94000004936

Entity Name: ASSOCIATION OF FUNDRAISING PROFESSIONALS, EVERGLADES CHAPTER, INC.

Current Principal Place of Business:

625 ANCHOR RODE DR.
NAPLES, FL 34103 US

New Principal Place of Business:

C/O AMERICAN RED CROSS
2610 NORTHBROOKE PLAZA
NAPLES, FL 34119 US

Current Mailing Address:

625 ANCHOR RODE DR.
NAPLES, FL 34103 US

New Mailing Address:

C/O AMERICAN RED CROSS
2610 NORTHBROOKE PLAZA
NAPLES, FL 34119 US

FEI Number: 65-0470229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOHER, ROB
1450 MERRIHUE DRIVE
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

CONNER, MARY LEE
2610 NORTHBROOKE PLAZA
NAPLES, FL 34119 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: MARY LEE CONNER 07/01/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOHER, ROB
Address: 1450 MERRIHUE DRIVE
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: MCSWINZEY, C. RONALD
Address: 5867 WHITAKER RD
City-St-Zip: NAPLES, FL 34112

Title: SD ( ) Delete
Name: CONNER, MARY LEE
Address: 2610 NORTHBROOKE PLAZA
City-St-Zip: NAPLES, FL 34119

Title: TD ( ) Delete
Name: LABAHN, JON
Address: 625 ANCHOR RODE DR.
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MOHER, ROBERT J
Address: 1450 MERRIHUE DRIVE
City-St-Zip: NAPLES, FL 34102

Title: O (X) Change ( ) Addition
Name: MCSWINEY, RONALD C
Address: 5867 WHITAKER RD
City-St-Zip: NAPLES, FL 34112

Title: O (X) Change ( ) Addition
Name: CONNER, MARY LEE
Address: 2610 NORTHBROOKE PLAZA
City-St-Zip: NAPLES, FL 34119

Title: O (X) Change ( ) Addition
Name: TRAINA, LOU DR
Address: 2655 NORTHBROOKE DRIVE
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 MCSWINEY O 07/01/2004
Electronic Signature of Signing Officer or Director Date