# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 11, 2005 8:00 am**
**Secretary of State**
07-11-2005 90198 039 ****61.25

DOCUMENT # N94000004936

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

| Principal Place of Business | Mailing Address |
|---|---|
| C/O AMERICAN RED CROSS<br>2610 NORTHBROOKE PLAZA<br>NAPLES, FL 34119 US | C/O AMERICAN RED CROSS<br>2610 NORTHBROOKE PLAZA<br>NAPLES, FL 34119 US |

07062005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0470229 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CONNER, MARY LEE<br>2610 NORTHBROOKE PLAZA<br>NAPLES, FL 34119 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by September 7, 2005**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MOHER, ROBERT J<br>1450 MERRIHUE DRIVE<br>NAPLES, FL 34102 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | O<br>MCSWINEY, RONALD C<br>5867 WHITAKER RD<br>NAPLES, FL 34112 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/P | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | O<br>CONNER, MARY LEE<br>2610 NORTHBROOKE PLAZA<br>NAPLES, FL 34119 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/T | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | O<br>TRAINA, LOU DR<br>2655 NORTHBROOKE DRIVE<br>NAPLES, FL 34119 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/V | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/V<br>Stratton, Patti<br>350 7th Street North<br>Naples, FL 34102 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Marylee Conner Marylee Conner, Treasurer 07/06/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #