2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 07, 2007 8:00 am DOCUMENT # N9400004936 Secretary of State 1. Entity Name 05-07-2007 90055 021 ****70.00 ASSOCIATION OF FUNDRAISING PROFESSIONALS, EVERGLADES CHAPTER, INC. Principal Place of Business Mailing Address C/O AMERICAN RED CROSS C/O AMERICAN RED CROSS 2610 NORTHBROOKE PLAZA 2610 NORTHBROOKE PLAZA NAPLES FL 34119 NAPLES FL 34119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0470229 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo CONNER, MARY LEE Street Address (P.O. Box Number is Not Acceptable) 2610 NORTHBROOKE PLAZA NAPLES FL 34119 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 * Signature, typed or printed hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. IIIIF Detete THE Change ☐ Addition NAME MCSWINEY, RONALD C NAME STREET ADDRESS 5867 WHITAKER RD STREET ADORESS CITY-ST-ZIP CHY-ST-ZIP NAPLES FL 34112 HILE Delete HILF ☐ Change ☐ Addition NAME CONNER, MARY LEE NAME STREET ADDRESS 2610 NORTHBROOKE PLAZA STREET ADDRESS CITY - ST - ZIP CHY ST 7IP NAPLES FL 34119 TITLE Delete HILLE DP Board Mamber ☐ Change **Addition** NAME Jano Billings grail No NAME TRAINA, LOU DR STREET ADDRESS 2655 NORTHBROOKE DRIVE STREET ADDRESS CATY - ST - ZIP CITY-ST-ZIP Naples IFL. 34103 NAPLES FL 34119 TITLE ☐ Delete TITLE Board Member ☐ Change ■ Addition Constance Dillon NAME FIELDS, CYNDI NAME. 11190 Health Park Blud. STREET ADDRESS STREET ADDRESS PO BOX 10102 CITY-ST-ZIP CITY-ST-ZIP Naples FL. 34110 NAPLES FL 34101 Dolele HIIF DS ☐ Change **Addition** Berbara Leonard, Ed.D. STEPHENS, JACKIE NAME STREET ADDRESS STREET ADDRESS 1025 Commons Circle 1034 6TH AVE NO CITY-ST-74P NAPLES FL 34102 CITY ST-ZIP Naples, FL. 34119 TITLE □ Delete TITLE Change Addition NAME NAME

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Corner - MaryLee Conner - Treasurer 4/24/07

FILED

(239) 596-6868 XIZ