2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2008 8:00 am
Secretary of State
06-20-2008 90002 019 ****70.00

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

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

06022008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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

CONNER, MARY LEE
2610 NORTHBROOKE PLAZA
NAPLES, FL 34119

7. Name and Address of New Registered Agent

Name: Dr. Barbara Tarka Leonard, President
Street Address (P.O. Box Number is Not Acceptable): AFP EVERGLADES Chapter Inc.
1904 Timberline Drive
City: Naples FL Zip Code: 34109

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: Barbara Tarka Leonard 6/1/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

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	BM BILLINGS, JANE 2400 TAMIAMI TRAIL NO NAPLES, FL 34103	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Stephens, Jacqueline 1036 Sixth Ave North Naples, FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CONNER, MARY LEE 2610 NORTHBROOKE PLAZA NAPLES, FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TRAINA, LOU DR 2655 NORTHBROOKE DRIVE NAPLES, FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM Traina, Lou DR.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV FIELDS, CYNDI PO BOX 10102 NAPLES, FL 34101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM DILLON, CONSTANCE 11190 HEALTH PARK BLVD. NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LEONARD, BARBARA ED. D. 1025 COMMONS CIRCLE NAPLES, FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LEONARD, BARBARA DR. 1904 Timberline Drive Naples FL 34109	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: Barbara Tarka Leonard 6/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #