2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# N94000004936

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0470229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEONARD, BARBARA T DR P
AFP EVERGLADES CHAPTER INC
1904 TIMBERLINE DR
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

DILLON, CONNIE C
AFP EVERGLADES CHAPTER INC
14797 GLEN EDEN DRIVE
NAPLES, FL 34110 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: CONNIE DILLON 06/25/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: BM ( ) Delete
Name: TRAINA, LOU DR
Address: 2655 NORTHBROOKE DRIVE
City-St-Zip: NAPLES, FL 34119

Title: DV ( ) Delete
Name: FIELDS, CYNDI
Address: PO BOX 10102
City-St-Zip: NAPLES, FL 34101

Title: BM ( ) Delete
Name: DILLON, CONSTANCE
Address: 11190 HEALTH PARK BLVD.
City-St-Zip: NAPLES, FL 34110

Title: DP ( ) Delete
Name: LEONARD, BARBARA DR
Address: 1904 TIMBERLINE DR
City-St-Zip: NAPLES, FL 34109

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: BM (X) Change ( ) Addition
Name: FIELDS, CYNDI
Address: PO BOX 10102
City-St-Zip: NAPLES, FL 34101

Title: P (X) Change ( ) Addition
Name: DILLON, CONSTANCE
Address: 11190 HEALTH PARK BLVD.
City-St-Zip: NAPLES, FL 34110

Title: VP (X) Change ( ) Addition
Name: FOSTER, STEPHANIE
Address: 120 GOODLETTE ROAD NORTH
City-St-Zip: NAPLES, FL 34102

Title: S ( ) Change (X) Addition
Name: HINKLE, ELIZABETH
Address: 5050 AVE MARIA BLVD.
City-St-Zip: AVE MARIA, FL 34142

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CONNIE DILLON P 06/25/2009
Electronic Signature of Signing Officer or Director Date