2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

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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:

C/O AVE MARIA SCHOOL OF LAW
1025 COMMONS CIRCLE
NAPLES, FL 34119 US

Current Mailing Address:

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

New Mailing Address:

C/O AVE MARIA SCHOOL OF LAW
1025 COMMONS CIRCLE
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:

DILLON, CONSTANCE C
AFP EVERGLADES CHAPTER INC
14797 GLEN EDEN DRIVE
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

HINKLE, ELIZABETH A
AFP EVERGLADES CHAPTER INC
1025 COMMONS CIRCLE
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: ELIZABETH HINKLE 01/05/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: HINKLE, ELIZABETH
Address: 1025 COMMONS CIR
City-St-Zip: NAPLES, FL 34119

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

Title: BM
Name: FIELDS, CYNDI
Address: PO BOX 10102
City-St-Zip: NAPLES, FL 34101

Title: S
Name: DILLON, CONSTANCE
Address: 14797 GLEN EDEN DRIVE
City-St-Zip: NAPLES, FL 34110

Title: VP
Name: FITZGERALD, DEANNA
Address: 120 GOODLETTE ROAD NORTH
City-St-Zip: NAPLES, FL 34102

Title: T
Name: GALELLA, ARMANDO
Address: PNB# 219 1460 GOLDEN GATE PARKWAY STE. 103
City-St-Zip: NAPLES, FL 34105

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH HINKLE P 01/05/2011
Electronic Signature of Signing Officer or Director Date