2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004936

Jan 31, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

New Mailing Address: Current Mailing Address:

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

FEI Number: 65-0470229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: BM

Name: TRAINA, LOUIS DR Address: 5050 AVE MARIA BLVD City-St-Zip: AVE MARIA, FL 34142

Title:

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

Title:

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

Title:

FITZGERALD, DEANNA Name: 1284 CREEKSIDE DR #103 Address: NAPLES, FL 34108

City-St-Zip:

Title:

GALELLA, ARMANDO Name:

Address: PNB# 219 1460 GOLDEN GATE PARKWAY STE. 103

NAPLES, FL 34105 City-St-Zip:

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.

PRES SIGNATURE: ELIZABETH HINKLE 01/31/2012