

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001836

FILED
Mar 13, 2007
Secretary of State

Entity Name: ASSOCIATION OF FUNDRAISING PROFESSIONALS, CENTRAL FLORIDA CHAPTER, INC.

Current Principal Place of Business:

P.O. BOX 398
WINTER PARK, FL 32790 US

New Principal Place of Business:

8400 LA AMISTAD COVE
FERN PARK, FL 32730 US

Current Mailing Address:

P.O. BOX 398
WINTER PARK, FL 32790 US

New Mailing Address:

FEI Number: 59-2870898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOUGLAS, BERNADINE
12424 RESEARCH PKWY.
STW 250
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

DENTZER, NEIL J
640 PARK AVENUE NORTH
APT. 28
WINTER PARK, FL 32789 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: NEIL J. DENTZER

03/13/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOUGLAS, BERNADINE
Address: 12424 RESEARCH PKWY., STE 250
City-St-Zip: ORLANDO, FL 32826 32

Title: T () Delete
Name: SLAYMAKER, MICHAEL
Address: 8400 LA AMISTAD COVE
City-St-Zip: FERN PARK, FL 32730

Title: VP () Delete
Name: CAMPBELL, ANITA
Address: 51 MAIN ST
City-St-Zip: ENTERPRISE, FL 32752

Title: VP (X) Delete
Name: GREEN, KATHLEEN
Address: 416 W. COLONIAL DR
City-St-Zip: ORLANDO, FL 32804

Title: SEC (X) Delete
Name: JENSEN, KAREN
Address: 1414 KUHL AVE MP13
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DENTZER, NEIL J
Address: 640 PARK AVENUE NORTH, APT. 28
City-St-Zip: WINTER PARK, FL 32789 32

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

Title: VP (X) Change () Addition
Name: WELCH, ERIC
Address: 7380 SAND LAKE ROAD, SUITE 500
City-St-Zip: ORLANDO, FL 32819

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL SLAYMAKER

T

03/13/2007

Electronic Signature of Signing Officer or Director

Date