## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000001836

FILED Jan 16, 2011 Secretary of State

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

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

8400 LA AMISTAD COVE 2010 MIZELL AVENUE

FERN PARK, FL 32730 US WINTER PARK, FL 32792 US

Current Mailing Address: New Mailing Address:

P.O. BOX 398

WINTER PARK, FL 32790 US

FEI Number: 59-2870898 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:

SLAYMAKER, MICHAEL D

8400 LA AMISTAD COVE

2010 MIZELL AVENUE

FERN PARK, FL 32730 US WINTER PARK, FL 32792 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: MICHAEL SLAYMAKER 01/16/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: S

Name: PROCTOR, WENDY
Address: 10000 W. COLONIAL DRIVE

City-St-Zip: OCOEE, FL 34761

Title: T

 Name:
 SLAYMAKER, MICHAEL

 Address:
 2010 MIZELL AVENUE

 City-St-Zip:
 WINTER PARK, FL 32792

Title: P

Name: HATTAWAY, MARILYN CFRE
Address: 480 W. CENTRAL PARKWAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PP

Name: BLACKWELDER, LISA Address: 4680 LAKE UNDERHILL ROAD

City-St-Zip: ORLANDO, FL 32807

Title: PE

Name: RUOPP, TODD

Address: 1020 MINNESOTA AVENUE, SUITE 9

City-St-Zip: WINTER PARK, FL 32789

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: MICHAEL SLAYMAKER T 01/16/2011