

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001836

FILED
Jan 08, 2012
Secretary of State

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

Current Principal Place of Business:

2010 MIZELL AVENUE
WINTER PARK, FL 32792 US

New Principal Place of Business:

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 ()**

Name and Address of Current Registered Agent:

SLAYMAKER, MICHAEL D
2010 MIZELL AVENUE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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:

Title: S
Name: MARINO, DONNA
Address: PO BOX 398
City-St-Zip: WINTER PARK, FL 32790

Title: T
Name: SLAYMAKER, MICHAEL
Address: PO BOX 398
City-St-Zip: WINTER PARK, FL 32790

Title: PP
Name: HATTAWAY, MARILYN CFRE
Address: PO BOX 398
City-St-Zip: WINTER PARK, FL 32790

Title: PE
Name: NELSON, LAUREN
Address: PO BOX 398
City-St-Zip: WINTER PARK, FL 32790

Title: P
Name: RUOPP, TODD
Address: PO BOX 398
City-St-Zip: WINTER PARK, FL 32790

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

01/08/2012

Electronic Signature of Signing Officer or Director

Date