

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90078 042 ****70.00

DOCUMENT # N95000005519

1. Entity Name
**ASSOCIATION OF FUNDRAISING PROFESSIONALS,
TREASURE COAST CHAPTER, INC.**



Principal Place of Business
**2750 S KANNER HWY
STUART, FL 34994 US**

Mailing Address
**1250 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952**

50028008



2. Principal Place of Business
900 S Federal Hwy

3. Mailing Address
800 NW Fork Rd

Suite, Apt. #, etc.
325

Suite, Apt. #, etc.
1-3

03152005 Chg-NP CR2E037 (10/03)

City & State
Stuart, FL

City & State
Stuart, FL

4. FEI Number
65-0526494

Applied For
Not Applicable

Zip
34994

Country
USA

Zip
34994

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSS, SUZANNE
212 POTTER RD
WEST PALM BEACH, FL 33405**

7. Name and Address of New Registered Agent

Name **Charette, Diane M**
Street Address (P.O. Box Number is Not Acceptable)
800 NW Fork Road #1-3
City **Stuart** FL **34994**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Diane M Charette Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/15/05**

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **JENKINS, PATRICIA**
STREET ADDRESS **2750 S KANNER HWY**
CITY-ST-ZIP **STUART, FL 34994**

TITLE **S** ☐ Delete
NAME **BARTLETT, KERRY**
STREET ADDRESS **1111 36TH STREET**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **T** ☐ Delete
NAME **CHARETTE, DIANE**
STREET ADDRESS **1250 SE PORT ST LUCIE BLVD**
CITY-ST-ZIP **PORT ST LUCIE, FL 34952**

TITLE **V** ☐ Delete
NAME **CRIPPEN, MELANIE L**
STREET ADDRESS **PO BOX 3661**
CITY-ST-ZIP **FT PIERCE, FL 34948**

TITLE **V** ☐ Delete
NAME **STOUPA, TERRY**
STREET ADDRESS **1498 SE COVE RD**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **D** ☐ Delete
NAME **ROSS, SUZANNE**
STREET ADDRESS **212 POTTER RD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **James Campo**
STREET ADDRESS **900 S Federal Hwy #325**
CITY-ST-ZIP **Stuart FL 34994**

TITLE **S** ☐ Change ☐ Addition
NAME **Bartlett, Kerry**
STREET ADDRESS **1111 36th Street**
CITY-ST-ZIP **Vero Beach FL 32960**

TITLE **T** ☒ Change ☐ Addition
NAME **Charette, Diane**
STREET ADDRESS **800 NW Fork Rd #1-3**
CITY-ST-ZIP **Stuart FL 34994**

TITLE **VP Programs** ☒ Change ☐ Addition
NAME **McUreigh, Sue**
STREET ADDRESS **P.O. Box 910**
CITY-ST-ZIP **Hobe Sound FL 33475**

TITLE **VP Membership** ☒ Change ☐ Addition
NAME **Douglas Calvin**
STREET ADDRESS **121 Lavaghn Cir.**
CITY-ST-ZIP **Jensen Beach FL 34957**

TITLE **D** ☒ Change ☐ Addition
NAME **Demichael Glenna**
STREET ADDRESS **PO box 350**
CITY-ST-ZIP **Jensen Beach FL 34958**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Diane Charette Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/15/05 772-4034557