

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90358 037 ****61.25

DOCUMENT # N95000005519 1. Entity Name ASSOCIATION OF FUNDRAISING PROFESSIONALS, TREASURE COAST CHAPTER, INC.					
Principal Place of Business 900 S FEDERAL HWY # 325 STUART, FL 34994 US			Mailing Address 300 NW FARK RD 1-3 STUART, FL 34994 US		
2. Principal Place of Business 2135 E Ocean Blvd. Suite, Apt. #, etc.		3. Mailing Address 801 Central Pkwy Suite, Apt. #, etc. Apt 13			
City & State Stuart, FL		City & State Stuart, FL		4. FEI Number 65-0526494	
Zip 34996		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHARETTE, DIANE M 300 NW FORK RD # 1-3 STUART, FL 34994			7. Name and Address of New Registered Agent Name Tracy Shutt Street Address (P.O. Box Number is Not Acceptable) 801 Central Pkwy Apt 13 City Stuart FL Zip Code 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 Tracy Shutt, Treasurer Tracy Shutt 3/29/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAMPO, JAMES 900 S FEDERAL HWY, # 325 STUART, FL 34994	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Susan McVeigh PO Box 910 Hobe Sound, FL 33455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BARTLETT, KERRY 1111 36TH STREET VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Linda Melton 827 Sunrise Blvd Ft. Pierce, FL 34950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHARETTE, DIANE 800 NW FORK RD, # 1-3 STUART, FL 34994	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Tracy Shutt PO Box 9010 Stuart, FL 34995	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPP HEVEIGH, SUE P.O. BOX 910 HOBE SOUND, FL 33475	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPP Deborah Johnson, CFRE 1300 E. 10th St. Stuart, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPM DOUGLAS, CALVIN 121 LAVAUGHN CIR JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPM Diane Charette 800 NW Fork Rd Stuart, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEMICHAEL, GLENNA P.O. BOX 350 JENSEN BEACH, FL 34958	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Joanne Towner CFRE 213 S. Congress Ave West Palm Beach, FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Tracy Shutt, Treasurer Tracy Shutt 3/29/06 (772) 781-2729 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					