2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N95000005519 1. Entity Name ASSOCIATION OF FUNDRAISING PROFESSIONALS, TREASURE COAST CHAPTER, INC.						04-03-2006 90	0358 037 ****61	25	
Principal Place of 900 S FEDERA # 325	NL HWY	Mailing Address 300 NW FARK RD 1-3			-				
STUART, FL 34994 US		STUART, FL 34994 US							
2. Principal Place of Business 2135 E. Ocean Blvd.		3. Mailing Address 801 Pentral Pkwy				111 1 11 11 11 111 1111 1			
Suite, Apt. #,	, etc.	Suite, Apt. #, etc. Apt 13	,		03292006	Chg-NP	CR2E037 (11/05)		
Stuart	· 	Stuart F	-L		4. FEI Number 65-0526		 - - 	oplied For ot Applicable	
Zip 349	7 7 7 7 7 7 7	^{Zip} 3499 4	Country USA		5. Certificate o	of Status Desired	See Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
CHARETTE, DIANE M					racy Shutt				
					ddress (P.O. Box Number is Not Acceptable)				
# 1-3 STUART, FL 34994					Ant 13				
			City	Stuart FL Zip Code 94					
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 TVACI Shutt, Trasswar Dracy Shutt 3/29/06 Signature, typer Dr printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Filing Fee is \$61.25 Due by May 1, 2006	Trust Fund Co	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Make check payable to Florida Department of State			
10.	OFFICERS AND DIRI		11.	A	DDITIONS/CHA	NGES TO OFFICERS	S AND DIRECTORS IN		
	P CAMPO, JAMES	Delete	TITLE NAME	18.0	in mele	iah	Change	Addition	
ľ	900 S FEDERAL HWY, # 325		STREET ADDRESS		in McVe Bay 910				
	STUART, FL 34994		CITY-ST-ZIP	Hol		, F <u>l. 3345</u>		-	
1	S BARTLETT, KERRY	Delete	TITLE NAME	S	10		Change	Addition	
	1111 36TH STREET		STREET ADDRESS	Lind	la Melto. Sunrise	Riva			
	VERO BEACH, FL 32960		CITY-ST-ZIP	Fr.	Dierce		0		
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indicated on this report or supplemental report is true and accurate and trial my suprairie shall have the same legal effect as it made under oath; that I am an onicer 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: TVACH Shutt TYRASUREY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR