

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005519

FILED
Jan 15, 2009
Secretary of State

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

Current Principal Place of Business:

402 SE OAKRIDGE DRIVE
PORT ST. LUCIE, FL 34984 US

New Principal Place of Business:

2115 NE ARCH STREET
JENSEN BEACH, FL 34957 US

Current Mailing Address:

402 SE OAKRIDGE DRIVE
PORT ST. LUCIE, FL 34984 US

New Mailing Address:

PO BOX 1364
STUART, FL 34995 US

FEI Number: 65-0526494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, JUDITH
402 SE OAKRIDGE DRIVE
PORT ST. LUCIE, FL 34984 US

Name and Address of New Registered Agent:

KING, MICHELLE D
2115 NE ARCH STREET
JENSEN BEACH, FL 34957 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: MICHELLE D. KING

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRUZ, JUDITH
Address: 573 NW WAVERLY CIR
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: S () Delete
Name: MELTON, LINDA
Address: 827 SUNRISE BLVD
City-St-Zip: FORT PIERCE, FL 34950

Title: T () Delete
Name: BOOTH, RENEE
Address: 2030 SE OCEAN BLVD.
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: JOHNSON, DEBORAH CFRE
Address: 1300 E 10TH ST
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: CHARETTE, DIANE
Address: 800 NW FORK RD
City-St-Zip: STUART, FL 34994

Title: VPP () Delete
Name: TOWNER, JOANNE CFRE
Address: 213 S CONGRESS AVE
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KING, MICHELLE
Address: 2115 NE ARCH STREET
City-St-Zip: JENSEN BEACH, FL 34957

Title: S (X) Change () Addition
Name: CROWELL, LINDA
Address: 1300 EAST 10TH STREET
City-St-Zip: STUART, FL 34996

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: TOWNER, JOANNE CFRE
Address: 2484 SE BONITA STREET
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPE (X) Change () Addition
Name: TURRELL, NANCY CFRE
Address: 80 EAST OCEAN BOULEVARD
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHELLE D. KING

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date