

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
03-14-2007 90038 029 *****61.25
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
[Signature]

DOCUMENT # N98000006792 1. Entity Name FLORIDA ASSOCIATION OF CHILD LIFE PROFESSIONALS, INC.					
Principal Place of Business SHRINERS HOSPITAL CHILD LIFE 12502 PINE DRIVE TAMPA, FL 33612 US		Mailing Address SHRINERS HOSPITAL CHILD LIFE 12502 PINE DRIVE TAMPA, FL 33612 US			
2. Principal Place of Business - No P.O. Box # 119 Rose Drive Suite, Apt. #, etc.		3. Mailing Address Gildas Club S. Florida Suite, Apt. #, etc. 119 Rose Drive			
City & State Ft Lauderdale FL		City & State Ft. Lauderdale FL		4. FEI Number 59-3563452	
Zip 33316		Country USA		Applied For Not Applicable	
Zip 33316		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEATON, KAREN S 111 - 2ND AVENUE N STE 610 ST. PETERSBURG, FL 33731				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <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, 2007		9. Election Campaign Financing Trust Fund Contribution. <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	PEVD WOLCOTT, MITCH BOX 100306 GAINESVILLE, FL 32610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andi Bennett V Andi Bennett 12502 Pine Drive Tampa FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD KING, MICHELE 9981 SOUTH HEALTH PARK DRIVE FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sharin Nelson D Sharin Nelson 4901 W. Cypress St Tampa FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDMD NELSON, SHARIN 4901 WEST CYPRESS ST TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mitch Wolcott Box 100306 Gainesville FL 32610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LURIE, REBECCA 3501 JOHNSON ST HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tara Deering D Tara Deering 12502 Pine Drive Tampa FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEERING, TARA 12502 PINE DRIVE TAMPA, FL 33612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Rebecca Lurie 119 Rose Drive Ft. Lauderdale FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRUTCHFIELD, ABBE 92 W. MILLER STREET MP# 309 ORLANDO, FL 32806	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Chantelle Bennett 601 E. Rollins St. Orlando FL 32803
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: <u>Rebecca Lurie</u> <u>Rebecca Lurie</u> <u>3-6-07</u> <u>954-763-6776</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Document corrected per Rebecca Lurie. DSC