

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006792

FILED
May 01, 2010
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF CHILD LIFE PROFESSIONALS, INC.

Current Principal Place of Business:

4122 RESIDENCE DRIVE
#111
FORT MYERS, FL 33901 US

New Principal Place of Business:

16066 VIA SOLERA CIRCLE
105
FORT MYERS, FL 33908 US

Current Mailing Address:

4122 RESIDENCE DRIVE
#111
FORT MYERS, FL 33901 US

New Mailing Address:

16066 VIA SOLERA CIRCLE
105
FORT MYERS, FL 33908 US

FEI Number: 59-3563452 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KEATON, KAREN S
111 - 2ND AVENUE N
SUITE 610
ST PETERSBURG, FL 33731 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: LIRA, TRISH
Address: 1600 S ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: V
Name: COWAN, KELLEY
Address: 9981 S. HEALTHPARK DRIVE
City-St-Zip: FORT MYERS, FL 33908 US

Title: D
Name: HAHESSY, REBECCA
Address: 3223 NW 10TH TERRACE, SUITE 602
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: T
Name: NEILL, JENNIFER
Address: 9981 S. HEALTHPARK DRIVE
City-St-Zip: FORT MYERS, FL 33908 US

Title: M
Name: KINNEBREW, SUSAN
Address: 3100 SW 62ND AVENUE
City-St-Zip: MIAMI, FL 33155 US

Title: S
Name: CLASS, LEAH
Address: 3001 DRIVE MARTIN LUTHER KING JR
City-St-Zip: TAMPA, FL 33610 US

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER NEILL

T

05/01/2010

Electronic Signature of Signing Officer or Director

_____ Date