

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002590

**FILED**  
**Jan 14, 2024**  
**Secretary of State**  
**6565152063CC**

**Entity Name:** SOUTHWEST FLORIDA CHAPTER ASSOCIATION OF FUNDRAISING PROFESSIONALS, INC.

**Current Principal Place of Business:**

6120 S. LOCKWOOD RIDGE  
SARASOTA, FL 34231

**Current Mailing Address:**

6120 S. LOCKWOOD RIDGE  
SARASOTA, FL 34231 US

**FEI Number:** 65-0288699

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NOYES, KIM  
6120 S. LOCKWOOD RIDGE RD  
SARASOTA, FL 34231 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PIEKARZ, ANDRIA  
Address 6120 S. LOCKWOOD RIDGE  
City-State-Zip: SARASOTA FL 34231

Title PRESIDENT  
Name ROBLES, RAFAEL  
Address 6120 S. LOCKWOOD RIDGE  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name RODRIGUEZ, LEE ANN  
Address 6120 S. LOCKWOOD RIDGE  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name TOWERY, AMY  
Address 6120 S. LOCKWOOD RIDGE  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name HINCKLEY, SCOTT  
Address 6120 S. LOCKWOOD RIDGE RD.  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name FLYNT GARRETT, DEBRA  
Address 6120 S. LOCKWOOD RIDGE RD.  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name INTAGLIATA, LISA  
Address 6120 S. LOCKWOOD RIDGE  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name WATSON, TERRI  
Address 6120 S. LOCKWOOD RIDGE RD.  
City-State-Zip: SARASOTA FL 34231

**Continues on page 2**

*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: RAFAEL ROBLES**

**PRESIDENT**

**01/14/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ROBINSON, SARA  
Address 6120 S. LOCKWOOD RIDGE RD.  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name HOUSE, JACQUELINE  
Address 6120 S. LOCKWOOD RIDGE RD.  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name PATRICIA, MCMAHON  
Address 6120 S. LOCKWOOD RIDGE RD.  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name ALTENHAIN, CHARLENE  
Address 6120 S. LOCKWOOD RIDGE  
City-State-Zip: SARASOTA FL 34231

Title TREASURER  
Name WATTERWORTH, LINDA  
Address 6120 S. LOCKWOOD RIDGE RD.  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name STROMAN, LAUREN  
Address 6120 S. LOCKWOOD RIDGE RD.  
City-State-Zip: SARASOTA FL 34231

Title VP  
Name ORTIZ, JENNIFER BUSHINGER  
Address 6120 S. LOCKWOOD RIDGE  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name MCCOY, KATHLEEN  
Address 6120 S. LOCKWOOD RIDGE  
City-State-Zip: SARASOTA FL 34231