## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002590

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

FILED Jan 28, 2016

**Secretary of State** 

CC2526917824

Officer/Director Detail:

Title DIRECTOR Title TD

NameBELL, JUDITHNameHINCKLEY, SCOTTAddress6120 S. LOCKWOOD RIDGEAddress1845 TULIP DRIVECity-State-Zip:SARASOTA FL 34231City-State-Zip:SARASOTA FL 34239

Title PRESIDENT Title VI

NameVIGNE, JENNIFERNameWELLS, MARTHA WELLSAddress6120 S. LOCKWOOD RIDGEAddress6120 S. LOCKWOOD RIDGECity-State-Zip:SARASOTA FL 34231City-State-Zip:SARASOTA FL 34231

City-State-Zip: SARASOTA FL 34231

Title SECRETARY
Name FISCHER, JOHN

Address 6120 S. LOCKWOOD RIDGE

City-State-Zip: SARASOTA FL 34231

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 VIGNE

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

01/28/2016