FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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-04/22/96--01015--010
***61.25

DOCUMENT # **N20926** **(4)**

1. Corporation Name

NORTHEAST FLORIDA CHAPTER, AMERICAN SOCIETY FOR TRAINING AND DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
112 W. ADAMS STREET STE 1425 JACKSONVILLE FL 32202-0864	112 W. ADAMS STREET STE 1425 JACKSONVILLE FL 32202-0864

3. Date Incorporated or Qualified: 06/02/1987
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 51-0222908 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

PHILLIPS, LISA
112 WEST ADAMS ST.
STE 1425
JACKSONVILLE FL 32202-0864

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: FL — 85 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Lisa Phillips V.P. — January 31, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	☑ DELETE	1.1 TITLE	PRESIDENT D Director	☐ Change ☑ Addition
NAME	~~ROTH, TERRY~~		1.2 NAME	ALLSHOUSE, CHRISTINE	
STREET ADDRESS	~~2463 CHARWOOD CT~~		1.3 STREET ADDRESS	9000 Southside Blvd. 599-200	
CITY-ST-ZIP	~~ORANGE FL~~		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	~~VP~~ VP FINANCE	☑ DELETE	2.1 TITLE	VP FINANCE T ~~D~~	☑ Change ☐ Addition
NAME	BAKER, MILA		2.2 NAME	BAKER, MILA Officer	
STREET ADDRESS	800 PRUDENTIAL DR		2.3 STREET ADDRESS	800 Prudential Dr.	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	DIRECTOR	☐ DELETE	3.1 TITLE	PRESIDENT-ELECT T ~~D~~	☐ Change ☑ Addition
NAME	PHILLIPS, LISA		3.2 NAME	BLACKMER, GREG Officer	
STREET ADDRESS	112 W. ADAMS ST.		3.3 STREET ADDRESS	1025 Kings Rd.	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Neptune Beach, FL 32266	
TITLE	~~VD~~ VP COMMUNICATIONS	☐ DELETE	4.1 TITLE	VP MEMBERSHIP T ~~D~~	☐ Change ☑ Addition
NAME	PETERSEN, PAT		4.2 NAME	GUBSER, Amy Officer	
STREET ADDRESS	6272 DUPONT STATION		4.3 STREET ADDRESS	9000 Southside Blvd. 599-4	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	~~T~~	☑ DELETE	5.1 TITLE	V VP PROFESSIONAL DEVELOPMENT	☐ Change ☑ Addition
NAME	~~STAPP, SHARON W.~~		5.2 NAME	MAYSENT, MIYA Officer T	
STREET ADDRESS	~~50 W LAURA STREET~~		5.3 STREET ADDRESS	7406 FULLERTON ST #302	
CITY-ST-ZIP	~~JACKSONVILLE FL~~		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	PAST PRESIDENT	☐ DELETE	6.1 TITLE	~~D~~ VP CHAPTER SERVICES ~~D~~	☐ Change ☑ Addition
NAME	RAYNOR, JOYCE		6.2 NAME	SUDDUTH, PATTY Officer T	
STREET ADDRESS	50 N LAURA ST		6.3 STREET ADDRESS	532 Riverside Avenue	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — 2/2/96 — (904) 464-4520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #