FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Apr 07 1998 8:00am
Secretary of State

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

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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
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 ____________________
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	P	☒ DELETE	1.1 TITLE	PRES	☐ Change ☒ Addition
NAME	BLACKMER		1.2 NAME	BAKER, MILA BAPTIST HOSPITAL	
STREET ADDRESS	1025 KINGS ROAD		1.3 STREET ADDRESS	300 PRUDENTIAL DR	
CITY-ST-ZIP	NEPTUNE BEACH FL		1.4 CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	PE	☒ DELETE	2.1 TITLE	PRES-ELECT	☐ Change ☒ Addition
NAME	BAKER, MILA		2.2 NAME	EARSON, HOLLY FLORIDA WINDSTORM UNDERWRITING	
STREET ADDRESS	300 PRUDENTIAL DRIVE		2.3 STREET ADDRESS	5554 BONNEVAL RD STE 500	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	☒ DELETE	3.1 TITLE	DIR	☐ Change ☒ Addition
NAME	ALLSHOUSE, CHRIS		3.2 NAME	RAYNOR, JOYCE	
STREET ADDRESS	3226 REMINGTON ST.		~~3.3 STREET ADDRESS~~	BARNETT BANKS, 9000 Southside Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VP	☒ DELETE	4.1 TITLE	VP-FIN	☐ Change ☒ Addition
NAME	RAYNOR, JOYCE		4.2 NAME	GRAE, ISABEL	
STREET ADDRESS	BARNETT BANKS-JAX, P.O. BOX 990		4.3 STREET ADDRESS	807 NIRA ST	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	☒ DELETE	5.1 TITLE	DIR	☐ Change ☒ Addition
NAME	MAYBENT, MIYA		5.2 NAME	PETERSEN, PAT	
STREET ADDRESS	7406 FULLERTON ST., #302		5.3 STREET ADDRESS	9838 OLD BAYMEADOWS RD, STE 261	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	☒ DELETE	6.1 TITLE	DIR	☐ Change ☒ Addition
NAME	ALBERT, R.M.		6.2 NAME	ALLSHOUSE, CHRIS	
STREET ADDRESS	1230 MAPLETON ROAD		6.3 STREET ADDRESS	3226 REMINGTON ST	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	JACKSONVILLE FL	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Isabel Grae 3-19-98 904 858 3866