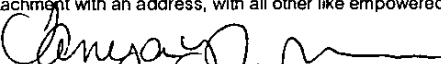


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90344 036 ****61.25

DOCUMENT # N20926 1. Entity Name NORTHEAST FLORIDA CHAPTER, AMERICAN SOCIETY. FOR TRAINING AND DEVELOPMENT, INC.					
Principal Place of Business ASTD PO BOX 551202 JACKSONVILLE FL 32255-1202			Mailing Address ASTD PO BOX 551202 JACKSONVILLE FL 32255-1202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0222908	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FELDSTEIN, MARILYN 1547 SILVER OAK DR JACKSONVILLE FL 32223			7. Name and Address of New Registered Agent Name TANYA COOMES Street Address (P.O. Box Number is Not Acceptable) 3854 OPEN CREEK CT. City JACKSONVILLE FL 32224		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  TANYA COOMES, PRESIDENT 04/15/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOROWIEC, STEVEN 1200 ALUMNI DR. JACKSONVILLE FL 32224-2645 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORR-HOLLEY, LYNNE 226-5 SOLANA RD PMB 102 PONTE VEDRA BEACH FL 32082 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MARTIN, MICHAEL 3020 HARTLEY RD., STE 3000 JACKSONVILLE FL 32257 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE COOMES, TANYA 3354 OPEN CREEK CT JACKSONVILLE FL 32224 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition 3854 OPEN CREEK COURT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELDSTEIN, MARILYN 1547 SILVER OAK LANE JACKSONVILLE FL 32223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		04/15/05		904.992.3138	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

30040441



1st MOORE CR2E037 (10/04)