2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2008
Secretary of State

DOCUMENT# N20926

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

Current Principal Place of Business:

ASTD
1909 UNIVERSITY BLVD. S. #505
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

ASTD
PO BOX 551202
JACKSONVILLE, FL 322551202

New Mailing Address:

FEI Number: 51-0222908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STROMBERG, PAUL
1909 UNIVERSITY BLVD. S.
#505
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: WICAL, RACHEL
Address: 2421 PROVOST RD. E.
City-St-Zip: JACKSONVILLE, FL 32216

Title: ADM ( ) Delete
Name: STROMBERG, PAUL
Address: 1909 UNIVERSITY BLVD. S. #505
City-St-Zip: JACKSONVILLE, FL 32216

Title: P-P ( ) Delete
Name: COOMES, TANYA
Address: 3854 OPEN CREEK CT
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete
Name: FELDSTEIN, MARILYN
Address: 1547 SILVER OAK LANE
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: WARD, DESIRÉE
Address: PO BOX 551202
City-St-Zip: JACKSONVILLE, FL 32256

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PP (X) Change ( ) Addition
Name: WICAL, RACHEL
Address: 2421 E. PROVOST RD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: DIR (X) Change ( ) Addition
Name: FELDSTEIN, MARILYN
Address: 1547 SILVER OAK LANE
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL STROMBERG ADM 04/05/2008

Electronic Signature of Signing Officer or Director — Date