

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20926

FILED
Sep 15, 2009
Secretary of State

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:

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

Current Mailing Address:

ASTD
PO BOX 551202
JACKSONVILLE, FL 322551202

New Mailing Address:

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

FEI Number: 51-0222908 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

Title: DIR () 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: KIMBLE, SHARON
Address: 11115 OAK RIDGE DRIVE S
City-St-Zip: JACKSONVILLE, FL 32225

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

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

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

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

ADMI

09/15/2009

Electronic Signature of Signing Officer or Director

Date