

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20926

FILED
Feb 16, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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: PP
Name: KIMBLE, SHARON
Address: 11115 OAK RIDGE DRIVE S
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: PRES
Name: BRASWELL, DERREE
Address: 1586 LOCKEND ROAD
City-St-Zip: JACKSONVILLE, FL 32221

I hereby 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 all other like empowered.

SIGNATURE: PAUL STROMBERG

ADM

02/16/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date