2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# N20926

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:

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

Current Mailing Address:

ASTD-NEFL
PO BOX 551202
JACKSONVILLE, FL 32255 US

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
Name: GROPPER, IDA
Address: 1 UNF DR, BLDG 10, RM 2427
City-St-Zip: JACKSONVILLE, FL 32224

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

Title: PP
Name: RAFFENSPERGER, SUE
Address: 655 W 8TH STREET, TOWER 2, STE 8017
City-St-Zip: JACKSONVILLE, FL 32209

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 02/09/2012

Electronic Signature of Signing Officer or Director — Date