

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90058 004 ****70.00

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1. Entity Name
**EMERALD COAST CHAPTER OF THE AMERICAN
SOCIETY OF TRAINING & DEVELOPMENT, INC.**



Principal Place of Business
**1382 RUCKEL DR
NICEVILLE, FL 32578**

Mailing Address
**P.O. BOX 1766
NICEVILLE, FL 32578-1766**

00013432



2. Principal Place of Business

3. Mailing Address

OWC
Suite, Apt. #, etc.

EC ASTD
Suite, Apt. #, etc.

100 College Blvd
City & State

Po Box 1766
City & State

Niceville, FL
Zip

Niceville, FL
Zip

32578
Country

OKaloosa (USA)

32578
Country

OKaloosa (USA)

01112005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VAN BUREN, SUSAN
1382 RUCKEL DR
NICEVILLE, FL 32578**

7. Name and Address of New Registered Agent

Name **PAMELA L. WALTERS**

Street Address (P.O. Box Number is Not Acceptable)
100 COLLEGE BLVD

City **NICEVILLE**

FL

Zip Code
32578

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 *Pamela L. Walters* **PAMELA L. WALTERS**

1-19-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

TITLE **P** ☒ Delete
NAME **MCADOO, JUDA B**
STREET ADDRESS **1382 RUCKEL DRIVE**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **V** ☒ Delete
NAME **GRANTHAM, LEIGH**
STREET ADDRESS **1382 RUCKEL DR**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **T** ☒ Delete
NAME **JONES, JOANNE**
STREET ADDRESS **1382 RUCKEL DR**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **V** ☒ Delete
NAME **SPENCE, REBECCA DR**
STREET ADDRESS **1382 RUCKEL DR**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **LEIGH GRANTHAM**
STREET ADDRESS **Po Box 512**
CITY-ST-ZIP **DeFuniak Springs, FL 32435**

TITLE **President Elect** ☒ Change ☐ Addition
NAME **Donna Miller**
STREET ADDRESS **601 B. North Pearl St.**
CITY-ST-ZIP **Crestview, FL 32536**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Karen Sledge**
STREET ADDRESS **102 W.D. Avenue**
CITY-ST-ZIP **Eglin AFB, FL 32542**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Joyce Szilvasy**
STREET ADDRESS **Po Box 512**
CITY-ST-ZIP **DeFuniak Springs, FL 32435**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Joyce A. Szilvasy* **Joyce A. SZILVASY** **2/08/05** **850-892-2111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #