2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003437

FILED Mar 01, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

OWC CHELCO

100 COLLEGE BOULEVARD
NICEVILLE, FL 32578
1350 WEST BALDWIN AVENUE
DEFUNIAK SPRINGS, FL 32435

Current Mailing Address: New Mailing Address:

EC ASTD P.O. BOX 1766 NICEVILLE, FL 32578

FEI Number: 11-3752899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALTERS, PAMELA L

100 COLLEGE BOULEVARD

NICEVILLE, FL 32578 US

SZILVASY, JOYCE A

1350 WEST BALDWIN AVENUE

DEFUNIAK SPRINGS, FL 32435 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: JOYCE A. SZILVASY 03/01/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PE () Delete Title: P (X) Change () Addition

 Name:
 MILLER, DONNA
 Name:
 MILLER, DONNA

 Address:
 601 8 NORTH PEARL STREET
 Address:
 601 8 NORTH PEARL STREET

 City-St-Zip:
 CRESTVIEW, FL 32536
 City-St-Zip:
 CRESTVIEW, FL 32536

Title: P () Delete Title: PE (X) Change () Addition

Name: GRANTHAM, LÉIGH Name: SPENCE, REBÉCCA
Address: P.O. BOX 512 Address: 1170 M L KING BLVD

City-St-Zip: DEFUNIAK SPRINGS, FL 32435 City-St-Zip: FORT WALTON BEACH, FL 32547

Title: T () Delete Title: () Change () Addition

 Name:
 SLEDGE, KAREN
 Name:

 Address:
 102 W. D. AVENUE
 Address:

 City-St-Zip:
 EGLIN AFB, FL 32542
 City-St-Zip:

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$

 Name:
 SZILVESY, JOYCE
 Name:
 SZILVASY, JOYCE

 Address:
 P.O. BOX 512
 Address:
 P.O. BOX 512

City-St-Zip: DEFUNIAK SPRINGS, FL 32435 City-St-Zip: DEFUNIAK SPRINGS, FL 32435

I hereby certify that the information supplied with this filing does not qualify for the 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: JOYCE A. SZILVASY SEC 03/01/2006