

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90018 013 ****61.25

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



Principal Place of Business
**CHELCO
1350 WEST BALDWIN AVENUE
DEFUNIAK SPRINGS, FL 32435**

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

40110387



07092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3752899

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHERI, GARRETT
786 PEARL SAND DRIVE
MARY ESTHER, FL 32569**

**NITA McLANEY
280 CRESCENT DRIVE
De Funiak Springs, FL
32435**

**DO NOT WRITE
IN THIS SPACE**

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 *Nita McLaney* **NITA McLANEY, VP FINANCE** 07/09/2008
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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**IPP
MILLER, DONNA
601 8 NORTH PEARL STREET
CRESTVIEW, FL 32536**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SPENCE, REBECCA
1405 A BAYSHORE DRIVE
NICEVILLE, FL 32578**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PE
SZILVASY, JOYCE
P.O. BOX 512
DEFUNIAK SPRINGS, FL 32435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CHERI, GARRETT
786 PEARL SAND DRIVE
MARY ESTHER, FL 32569**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP FINANCE
NITA McLANEY
280 CRESCENT DRIVE
DEFUNIAK SPRINGS, FL 32435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Nita McLaney* **NITA McLANEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-09-2008 (850) 892-8115 x244
Date Daytime Phone #