

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003749

FILED
Jun 04, 2008
Secretary of State

Entity Name: ASSOCIATION FOR SOFTWARE TESTING, INC.

Current Principal Place of Business:

1285 DOUGLAS ST, SE
PALM BAY, FL 32909

New Principal Place of Business:

Current Mailing Address:

1285 DOUGLAS ST, SE
PALM BAY, FL 32909

New Mailing Address:

FEI Number: 20-1010345 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BARBER, SCOTT
1285 DOUGLAS ST, SE
PALM BAY, FL 32909 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KELLY, MIKE
Address: 9850 PLEASANT WAY
City-St-Zip: INDIANAPOLIS, IN 46280

Title: DS () Delete
Name: MCGEE, JAMES P
Address: 11316 CHERRY HILL RD., #302
City-St-Zip: BELTSVILLE, MD 20705

Title: DVP () Delete
Name: KANER, CEM
Address: 1600 SEABURY POINT ROAD NW
City-St-Zip: PALM BAY, FL 32907

Title: DT () Delete
Name: GOEMPEL, MIKE
Address: 4051 MELBOURNE ROAD
City-St-Zip: INDIANAPOLIS, IN 46228

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: BARBER, SCOTT
Address: 1285 DOUGLAS STREET SE
City-St-Zip: PALM BAY, FL 32909

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: GILBERT, DAVID
Address: 8982 124TH ST.
City-St-Zip: SEMINOLE, FL 33772

Title: DS () Change (X) Addition
Name: HAYNES, DAWN M
Address: 1285 DOUGLAS STREET SE
City-St-Zip: PALM BAY, FL 32909

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT BARBER

DVP

06/04/2008

Electronic Signature of Signing Officer or Director

Date