

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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|--|---|---|---|--|--|
| <b>DOCUMENT # N05000005227</b><br>1. Entity Name<br><b>SOUTHWEST FLORIDA CHAPTER OF THE AMERICAN SOCIETY FOR TRAINING AND DEVELOPMENT, INC.</b>  |   |   |   | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>FILED</b><br/> <b>06 AUG 14 PM 1:17</b><br/> <b>CLERK OF THE COURT</b><br/> <b>ALLA-ADULT FLORIDA</b> </div>  |  |
| Principal Place of Business<br><b>149 CRESCENT DR<br/>PUNTA GORDA, FL 33950</b>  |   | Mailing Address<br><b>149 CRESCENT DR<br/>PUNTA GORDA, FL 33950</b>   |   |  |  |
| 2. Principal Place of Business<br><b>2926 Sunset Rd</b><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>2926 Sunset Rd</b><br>Suite, Apt. #, etc.  |   | 08022006 Chg-NP CR2E037 (4/06)   |  |
| City & State<br><b>Ft. Myers FL</b><br>Zip <b>33401</b> Country <b>US</b>  |   | City & State<br><b>Ft. Myers, FL</b><br>Zip <b>33401</b> Country <b>US</b>  |   | 4. FEI Number<br><b>06-1769041</b> Applied For <input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |   | 6. Name and Address of Current Registered Agent<br><b>BROX, CHARLES A JR<br/>149 CRESCENT DR<br/>PUNTA GORDA, FL 33950</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name <b>Jody Dixon</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>2926 Sunset Rd</b><br>City <b>Ft Myers</b> <b>FL</b> Zip Code <b>33401</b>  |   |   |   | 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.<br><br>SIGNATURE  DATE <b>8/2/06</b><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>Amended AR is \$61.25</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br><b>ARAUJO, LOURDES</b><br><b>3200 BAILEY LANE</b><br><b>NAPLES, FL 34105</b> <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>Jody D. Pugh</b><br><b>9845 Colonial Walk, N</b><br><b>Estero, FL 33928</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br><b>JONES, DARALENE</b><br><b>1047 AVERLY ST</b><br><b>FT MYERS, FL 33919</b> <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br><b>Jody Dixon</b><br><b>2926 Sunset Rd</b><br><b>Ft Myers, FL 33901</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br><b>BROX, CHARLES A JR</b><br><b>149 CRESCENT DR</b><br><b>PUNTA GORDA, FL 33950</b> <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br><b>Sue Rutland</b><br><b>3200 Bailey Ln</b><br><b>Naples, FL 34105</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br><b>DUDLEY, ROBERT</b><br><b>2544 SW 37TH TERRACE</b><br><b>CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>(Robert Dudley)</b><br><b>800078761728</b><br><b>08/15/06--01018--007</b> <b>**\$1.25</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br><b>FARROW, PAULINE B</b><br><b>5959 HARBOR CASTLE DR</b><br><b>FORT MYERS, FL 33907</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>Christopher Jones</b><br><b>12751 Westlinks Dr. Bldg 111, Unit 7</b><br><b>Ft Myers, FL 33413</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br><b>JAFFE, DAVID</b><br><b>5685 BALKAN CT</b><br><b>FT MYERS, FL 33906</b> <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>Peggy Salvesen</b><br><b>8384 Villaire Ct</b><br><b>Ft Myers, FL 33419</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                        |  |  |
| 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:   |   | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date <b>8/4/06</b> Daytime Phone # <b>239-433-9696</b>   |  |

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