


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90033 050 ****70.00

DOCUMENT # N05000005227	
1. Entity Name SOUTHWEST FLORIDA CHAPTER OF THE AMERICAN SOCIETY FOR TRAINING AND DEVELOPMENT, INC.	

Principal Place of Business 149 CRESENT DR PUNTA GORDA, FL 33950	Mailing Address PO BOX 07223 FT. MYERS, FL 33919
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2. Principal Place of Business - No P.O. Box # SWFL ASTD Suite, Apt. #, etc. 5685 BALKAN COURT City & State FORT MYERS FL Zip 33906 Country USA	3. Mailing Address SWFL ASTD Suite, Apt. #, etc. PO BOX 07223 City & State FORT MYERS FL Zip 33919 Country USA
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40057351



03292008 Chg-NP CR2E037 (12/06)

4. FEI Number 06-1769041	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PUGH, JODY 20649 TORRE DELLAGO ST ESTERO, FL 33928	7. Name and Address of New Registered Agent Name JOHN MICHAEL FISCHER JR Street Address (P.O. Box Number is Not Acceptable) 4212 SW 10TH AVENUE City CAPE CORAL FL Zip Code 33914
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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 John M. Fischer Jr JOHN M. FISCHER JR TREASURER 3/30/2008
Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RULAND, SUE 3200 BAILEY LANE NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CADDLE KASTUR 3434 N. HANCOCK BRIDGE PARKWAY N. FORT MYERS FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, DARALENE 1047 AVERLY ST FT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUGH, JODY D 20649 TORRE DELLAGO ST ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CHRISTOPHER 12751 WESTLINKS DR FORT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PANKOW, LAURIE 20301GRANDE OAK SHOPPING BLVD FT. MYERS, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEER MCARDLE 2350 WEST FIRST STREET FORT MYERS FL 33901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAFEE, DAVID 5685 BALKAN CT FT MYERS, FL 33906 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input 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 John M. Fischer Jr JOHN MICHAEL FISCHER JR 3/30/08 238-338-3500
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #


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ATTACHMENT
ADDENDUM

P 2 of 2

DIRECTOR CHANGES ONLY
THIS PAGE, ADDITIONAL
LISTING OF DIRECTORS

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Principal Place of Business 149 CRESENT DR PUNTA GORDA, FL 33950			Mailing Address PO BOX 07223 FT. MYERS, FL 33918		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 06-1769041	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PUGH, JODY 20649 TORRE DELLAGO ST ESTERO, FL 33928				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBAND, SUE 3200 BAILEY LANE NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN MICHAEL FISCHER JR 4212 SW 10TH AVE CAPE CORAL FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, DARALENE 1047 AVERLY ST FT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NANCY SMITH 2855 COLONIAL BOULEVARD FORT MYERS FL 33966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUGH, JODY D 20649 TORRE DELLAGO ST ESTERO, FL 33928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JIM JACOBY 4200 TEQUESTA DRIVE ESTERO FLORIDA 33928	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CHRISTOPHER 12751 WESTLINKS DR FORT MYERS, FL 33913	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LORNA KIBBEY 18508 EASTSHORE DRIVE SE, FORT MYERS FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PANKOW, LAURIE 20301 GRANDE OAK SHOPPING BLVD FT. MYERS, FL 33928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAFEE, DAVID 5685 BALKAN CT FT MYERS, FL 33906	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <u>John M. Fischer</u> JOHN MICHAEL FISCHER 3/30/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

238-338-3500