## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20926

FILED Sep 05, 2006 Secretary of State

Entity Name: NORTHEAST FLORIDA CHAPTER, AMERICAN SOCIETY FOR TRAINING AND DEVELOPMENT, INC.

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

ASTD

PO BOX 551202

JACKSONVILLE, FL 322551202

Current Mailing Address: New Mailing Address:

ASTD

PO BOX 551202

JACKSONVILLE, FL 322551202

FEI Number: 51-0222908 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:

COOMES, TANYA

3854 OPEN CREEK CT 10982 CREEKVIEW DRIVE

JACKSONVILLE, FL 32224 US JACKSONVILLE, FL 32225 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.

ELKINS, DIANE

SIGNATURE: DIANE ELKINS 09/05/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: PRES (X) Change ( ) Addition

Name: BOROWIEC, STEVEN Name: ELKINS, DIANE
Address: 1200 ALUMNI DR. Address: 10982 CREEKVIEW DRIVE

City-St-Zip: JACKSONVILLE, FL 322242645 City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete Title: P-E (X) Change ( ) Addition Name: MARTIN, MICHAEL Name: WICAL, RACHEL

 Address:
 3020 HARTLEY RD., STE 3000
 Address:
 2421 PROVOST RD. E.

 City-St-Zip:
 JACKSONVILLE, FL 32257
 City-St-Zip:
 JACKSONVILLE, FL 32216

Title: P ( ) Delete Title: P-P (X) Change ( ) Addition Name: COOMES, TANYA Name: COOMES, TANYA

Name: COOMES, TANYA
Address: 3854 OPEN CREEK CT
City-St-Zip: JACKSONVILLE, FL 32224
Name: COOMES, TANYA
Address: 3854 OPEN CREEK CT
City-St-Zip: JACKSONVILLE, FL 32224

Title: PP ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 FELDSTEIN, MARILYN
 Name:
 FELDSTEIN, MARILYN

 Address:
 1547 SILVER OAK LANE
 Address:
 1547 SILVER OAK LANE

 City-St-Zip:
 JACKSONVILLE, FL 32223
 City-St-Zip:
 JACKSONVILLE, FL 32223

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: DIANE ELKINS PRES 09/05/2006