

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20926

FILED  
Apr 20, 2007  
Secretary of State

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

**Current Principal Place of Business:**

ASTD  
PO BOX 551202  
JACKSONVILLE, FL 322551202

**New Principal Place of Business:**

ASTD  
1909 UNIVERSITY BLVD. S. #505  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

ASTD  
PO BOX 551202  
JACKSONVILLE, FL 322551202

**New Mailing Address:**

**FEI Number:** 51-0222908      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELKINS, DIANE  
10982 CREEKVIEW DRIVE  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

STROMBERG, PAUL  
1909 UNIVERSITY BLVD. S.  
#505  
JACKSONVILLE, FL 32216 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: PAUL STROMBERG

04/20/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: ELKINS, DIANE  
Address: 10982 CREEKVIEW DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: P-E ( ) Delete  
Name: WICAL, RACHEL  
Address: 2421 PROVOST RD. E.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: P-P ( ) Delete  
Name: COOMES, TANYA  
Address: 3854 OPEN CREEK CT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete  
Name: FELDSTEIN, MARILYN  
Address: 1547 SILVER OAK LANE  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: WICAL, RACHEL  
Address: 2421 PROVOST RD. E.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ADM (X) Change ( ) Addition  
Name: STROMBERG, PAUL  
Address: 1909 UNIVERSITY BLVD. S. #505  
City-St-Zip: JACKSONVILLE, FL 32216

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

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

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: PAUL STROMBERG

ADM

04/20/2007

Electronic Signature of Signing Officer or Director

Date