

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N43802** (0)

1. Corporation Name

**SUNCOAST FLORIDA CHAPTER OF THE AMERICAN SOCIETY
FOR TRAINING AND DEVELOPMENT, INC.**



Principal Place of Business

5300 75TH ST NORTH
ST. PETERSBURG FL 33709

Mailing Address

5300 75TH ST NORTH
ST. PETERSBURG FL 33709

3. Date Incorporated or Qualified
06/06/1991

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

21 **560 CARILLON PARKWAY**

Suite, Apt. #, etc.

22

City & State

23 **ST. PETERSBURG, FL**

Zip

24 **33716**

Country

25 **FLORIDA**

2a. Mailing Address

26 **560 CARILLON PARKWAY**

Suite, Apt. #, etc.

27

City & State

28 **ST. PETERSBURG, FL**

Zip

29 **33716**

Country

30 **FLORIDA**

4. FEI Number
59-3083070

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AUNSPAUGH, PAUL E. JR
5300 75TH ST NO
ST. PETERSBURG FL 33709

81 Name

DAVID RAMOCKI

82 Street Address (P.O. Box Number is Not Acceptable)

560 CARILLON PARKWAY

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33716

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **David Ramocki (DAVID RAMOCKI) Treasurer 4/29/96**

Signature, typed or printed name of registered agent and : If not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **COPELAND, CHARLES**
STREET ADDRESS **5540 RIO VISTA DRIVE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **V** ☒ DELETE

NAME **SMOLEN, PATRICIA**
STREET ADDRESS **560 CARILLON PARKWAY**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ DELETE

NAME **DISHLER, INETTE**
STREET ADDRESS **916 TERRA MAR DRIVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **DT** ☒ DELETE

NAME **AUNSPAUGH, PAUL E. JR**
STREET ADDRESS **5300 75TH ST NO**
CITY-ST-ZIP **ST. PETERSBURG FL 33709-2414**

TITLE **S** ☐ DELETE

NAME **DETRICK, CONNIE**
STREET ADDRESS **601 SOUTH BOULEVARD**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **FAHEY, BETHMARIE**
STREET ADDRESS **4809 EAST BUSCH BOULEVARD, SUITE 208**
CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **SMOLEN, PATRICIA**
1.3 STREET ADDRESS **560 CARILLON PARKWAY**
1.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

2.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition

2.2 NAME **JOE JONES**
2.3 STREET ADDRESS **10500 UNIVERSITY CENTER DRIVE**
2.4 CITY-ST-ZIP **TAMPA, FL 33612**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **DT** ☒ Change ☐ Addition

4.2 NAME **DAVID RAMOCKI**
4.3 STREET ADDRESS **560 CARILLON PARKWAY**
4.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **David Ramocki (DAVID RAMOCKI) Treasurer 4/29/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-654-8727

CR2E037 (12/95)