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May 19 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

560 CARILLON PARKWAY  
ST. PETERSBURG FL 33716  
US

560 CARILLOA PARKWAY  
ST. PETERSBURG FL 33716-1202  
US

2. Principal Place of Business

21 10500 University Center Dr.

2a. Mailing Address

26 10500 University Center Dr.

Suite, Apt. #, etc.

22 100

Suite, Apt. #, etc.

27 100

City & State

23 Tampa Florida

City & State

28 Tampa Florida

Zip

24 33612

Country

25 US

Zip

29 33612

Country

30 US

9. Name and Address of Current Registered Agent

RAMOCKI, DAVID  
560 CARILLOA PARKWAY  
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

B1 Name Joe H. Jones Jr.  
B2 Street Address (P.O. Box Number Is Not Acceptable)  
10500 University Center Dr. Ste. 100  
B3  
B4 City Tampa FL B5 Zip Code 33612

11. Pursuant to the provisions of Sections 617.0602 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

28 Jan 1997

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SMOLEN, PATRICIA	
STREET ADDRESS	560 CARILLON PARKWAY	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JONES, JOE	
STREET ADDRESS	10500 UNIVERSITY CENTER DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DISHLER, INETTE	
STREET ADDRESS	916 TERRA MAR DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RAMOCKI, DAVID	
STREET ADDRESS	560 CRILLON PARKWAY	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DETRICK, CONNIE	
STREET ADDRESS	601 SOUTH BOULEVARD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joe H. Jones	
1.3 STREET ADDRESS	10500 University Center Dr. Ste 100	
1.4 CITY-ST-ZIP	Tampa, FL 33612	
2.1 TITLE	President Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Anne Marie Campbell	
2.3 STREET ADDRESS	400 So. Ft. Harrison Av. 4th floor	
2.4 CITY-ST-ZIP	Clearwater, FL 34616	
3.1 TITLE	VP Finance/Admin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ron Austin	
3.3 STREET ADDRESS	128 56th Av. S.	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33705	
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dineen Paris	
4.3 STREET ADDRESS	4224 W. Henderson Blvd.	
4.4 CITY-ST-ZIP	Tampa, FL 33629	
5.1 TITLE	Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Pat Smolen	
5.3 STREET ADDRESS	560 Carillon Pkwy	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33716	
6.1 TITLE	Facilities Manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Laura M. Co. Pres.	
6.3 STREET ADDRESS	650 N. Red St #300	
6.4 CITY-ST-ZIP	Tampa, FL 33609	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 Feb 97

Date

813-979-1991

Daytime Phone # 0051230

CR2E037 (9/96)