


FILE NOW: FILING FEE IS \$61.25

FILED  
May 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43802** (0)

1. Corporation Name

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

Principal Place of Business

Mailing Address

10500 UNIVERSITY CENTER DR.  
STE. 100  
TAMPA FL 33612  
US

10500 UNIVERSITY CENTER DR.  
STE. 100  
TAMPA FL 33612  
US

3. Date Incorporated or Qualified

06/06/1991

4. FEI Number

59-3083070

Applied For

Not Applicable

2. Principal Place of Business

21 **5100 W. Waters Ave**

Suite, Apt. #, etc.

22

City & State

23 **Tampa, FL**

Zip

24 **33634**

Country

25 **USA**

2a. Mailing Address

26 **5100 W. Waters Ave.**

Suite, Apt. #, etc.

27

City & State

28 **Tampa, FL**

Zip

29 **33634**

Country

30 **USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JONES, JOE H JR.  
10500 UNIVERSITY CENTER DR  
STE. 100  
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name

**Anne Marie Campbell**

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

**5100 W. Waters Ave.**

83

84 City

**Tampa**

FL

85 Zip Code

**33634**

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

*Anne Marie Campbell*

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

(NOTE: Registered Agent signature required when resigning)

4/16/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	JONES, JOE H	
STREET ADDRESS	10500 UNIVERSITY CENTER DR., STE. 100	
CITY-ST-ZIP	TAMPA FL	
TITLE	<b>PE</b>	<input type="checkbox"/> DELETE
NAME	CAMPBELL, ANNE MARIE	
STREET ADDRESS	400 S. FT. HARRISON AVE., 4TH FL	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	AUSTIN, RON	
STREET ADDRESS	125 56TH AVE S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	PARIS, DINEEN	
STREET ADDRESS	4224 W. HENDERSON BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	<b>PPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	SMOLEN, PAT	
STREET ADDRESS	560 CARILLON PKWY	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	<b>FMD</b>	<input type="checkbox"/> DELETE
NAME	LO PRESTI, LAURA M	
STREET ADDRESS	50 N. REO ST., #300	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PE (D)</b>
2.3 STREET ADDRESS	<b>CAMPBELL, ANNE MARIE</b>
2.4 CITY-ST-ZIP	<b>5100 W. WATERS AVE. TAMPA, FL 33634</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>(D)</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>33629</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VP Finance (D)</b>
5.3 STREET ADDRESS	<b>Joyce M. Fletcher</b>
5.4 CITY-ST-ZIP	<b>4800 S. Westshore, #715 Tampa, FL 33611</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Samu (D)</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

*Anne Marie Campbell*

4/16/98

(813)

59-3083070

CR2E037 (1097)