

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N43802 1. Entity Name SUNCOAST FLORIDA CHAPTER OF THE AMERICAN SOCIETY FOR TRAINING AND DEVELOPMENT, INC.						FILED 05 JUN -7 PM 2:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business P.O. BOX 273114 TAMPA, FL 33688 SU				Mailing Address P.O. BOX 273114 TAMPA, FL 33688 SU			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SPRAGUE, PETER 3444 5TH AVENUE NORTH ST. PETERSBURG, FL 33713				7. Name and Address of New Registered Agent Name Peter Sprague Street Address (P.O. Box Number is Not Acceptable) 1425 Winchester Road N City St Petersburg FL Zip Code 33710			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Peter A. Sprague <small>Signature, typed or printed name of registered agent and title if applicable.</small>				700055988377 06/10/05--01003--094 ***297.50 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JURADO, ROD 5406 RIVER HILLS DRIVE TEMPLE TERRACE, FL 33618	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Daniel Birch PD 11423 Glenmont Dr Tampa, FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPRAGUE, PETER 3444 5TH AVENUE NORTH ST. PETERSBURG, FL 33713	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jennifer Heelan VD Jennifer Heelan 1070 Technology Dr Nokomis, FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUERRIE, ROS 1400 66TH STREET NORTH ST. PETERSBURG, FL 33710	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Ho Dana Senting 3621 Cypress Meadows Rd Tampa, FL 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEELAN, JENNIFER 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Bruce Aaron PO Box 17802 Sarasota, FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIGGINS, LETETIA 3001 58TH AVENUE SOUTH ST. PETERSBURG, FL 33712	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Peter Sprague 1425 Winchester Road N St Petersburg FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: Peter A. Sprague <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				6-3-05 727.384.5077 <small>Date Daytime Phone #</small>			