

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90017 028 ****61.25

DOCUMENT # N43802 1. Entity Name SUNCOAST FLORIDA CHAPTER OF THE AMERICAN SOCIETY FOR TRAINING AND DEVELOPMENT, INC.					
Principal Place of Business 1640 KING STREET ALEXANDRIA, VA 22313			Mailing Address P.O. BOX 273114 TAMPA, FL 33688		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3083070	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FROMAN, JO ANN P VT 14335 GNATCATCHER TERRACE BRADENTON, FL 34202				Name Jennifer Seavey Street Address (P.O. Box Number is Not Acceptable) 5003 W. Country Club Dr City Sarasota FL Zip Code 34243	
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 <i>Jennifer Seavey</i> <small>Signature, typed or printed name of registered agent and both if applicable.</small>		DATE 5-1-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P SMOLEN, PAT <input checked="" type="checkbox"/> Delete	TITLE	P Nolan, Ed <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	3847 ANGLERS LANE	NAME	1515 N Westshore Blvd.		
STREET ADDRESS	LARGO, FL 33774	STREET ADDRESS	Tampa FL 33607		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BERNARD, TREVOR	NAME	David Bieniecki		
STREET ADDRESS	3201 S. MANHATTAN AVENUE	STREET ADDRESS	560 Carillon Pkwy		
CITY-ST-ZIP	TAMPA, FL 33629	CITY-ST-ZIP	St. Petersburg FL 33716		
TITLE	VP <input type="checkbox"/> Delete	TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LITTEL, CHRIS	NAME	Jennifer Seavey		
STREET ADDRESS	8500 29TH WAY	STREET ADDRESS	5003 W. Country Club Dr		
CITY-ST-ZIP	PINELLAS PARK, FL 33782	CITY-ST-ZIP	Sarasota FL 34243		
TITLE	VP PE <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HABERMAN, REGINA	NAME	Bobbi Gemma		
STREET ADDRESS	14319 SKY FLOWER LANE	STREET ADDRESS	3312 covered Bridge Dr.		
CITY-ST-ZIP	TAMPA, FL 33626	CITY-ST-ZIP	Dunedin FL 34698		
TITLE	VT <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FROMAN, JO ANN P	NAME	Denise Cochran		
STREET ADDRESS	14335 GNATCATCHER TERRACE	STREET ADDRESS	5356 Tech Data Dr		
CITY-ST-ZIP	BRADENTON, FL 34202	CITY-ST-ZIP	Clearwater, FL 33764		
TITLE	VP <input type="checkbox"/> Delete	TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	POL-BELLIS, NAYDA	NAME	Karlene Stewart		
STREET ADDRESS	5250 DENVER STREET NE	STREET ADDRESS	560 Carillon Pkwy		
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	CITY-ST-ZIP	St. Petersburg FL 33714		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jennifer Seavey</i>		DATE: 5-1-08		DAYTIME PHONE: 941-359-6761	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>		<small>DAYTIME PHONE #</small>	