2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43802

Apr 28, 2009 Secretary of State

Entity Name: SUNCOAST FLORIDA CHAPTER OF THE AMERICAN SOCIETY FOR TRAINING AND DEVELOPMENT,

Current Principal Place of Business: New Principal Place of Business:

1640 KING STREET ALEXANDRIA, VA 22313

Current Mailing Address: New Mailing Address:

P.O. BOX 273114 TAMPA, FL 33688

FEI Number: 59-3083070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SEAVEY, JENNIFER 5003 W COUNTRY CLUB DR SARASOTA, FL 34243

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BERNARD, TREVOR REGINA, HABERMAN Name: Name:

3201 S. MANHATTEN AVENUE Address: 14319 SKY FLOWER LANE Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33626

Title: Title: (X) Change () Addition () Delete

LITTEL, CHRIS Name: CAROLE, GILL Name:

Address: 8500 29TH WAY Address: 5201 W KENNEDY BLVD., SUITE 525

City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: TAMPA, FL 33774

Title: () Delete Title: (X) Change () Addition HABERMAN, REGINA GLYNIS, ROSS-MUNRO Name: Name:

14319 SKY FLOWER LANE Address: Address: 6020 CATLIN DR.

City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33641

Title: () Delete Title: () Change (X) Addition

Name: Name: MICHAEL, DOZIER Address: Address: 6823 SOUTH TRASK STREET

City-St-Zip: City-St-Zip: TAMPA, FL 33616

Title: () Delete Title: () Change (X) Addition

JEAN, SLEPECKY Name: Name: 1280 THORNTON CT. Address: Address: City-St-Zip: City-St-Zip: SPRING HILL, FL 34608

Title: () Delete Title: () Change (X) Addition

JENNIFER. SEAVEY Name: Name: Address: Address: 5003 W COUNTRY CLUB DR. SARASOTA, FL 34243 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER SEAVEY **VP** 04/28/2009