## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S61059

FILED Feb 19, 2009 Secretary of State

Entity Name: GROUP DYNAMICS AND STRATEGY TRAINING ASSOCIATES, INC.

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

6001 SAND PINE ESTATES BLVD. 6001 SAND PINES ESTATES BLVD. ORLANDO, FL 32819

ORLANDO, FL 32819

**Current Mailing Address: New Mailing Address:** 

P O BOX 2605 P O BOX 2605

WINDERMERE, FL 347862605 WINDERMERE, FL 347862605 US

FEI Number: 52-1435101 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

NORRIS, FAYE 6001 SAND PINE ESTATES BLVD. ORLANDO, FL 32819 US

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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

NORRIS, JOHN, NORRIS, JOHN, Name: Name:

6001 SAND PINE ESTATES BLVD. Address: 6001 SAND PINES ESTATES BLVD. Address:

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAYE NORRIS FIN 02/19/2009