

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005227

Entity Name: SOUTHWEST FLORIDA CHAPTER OF THE AMERICAN
SOCIETY FOR TRAINING AND DEVELOPMENT, INC.**FILED**
Apr 01, 2013
Secretary of State
CC3679828016**Current Principal Place of Business:**ASTD SWFL
12615 COLD STREAM DRIVE
FORT MYERS, FL 33912**Current Mailing Address:**ASTD SWFL
PO BOX 07223
FORT MYERS, FL 33919**FEI Number: 59-2486611****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHOQUETTE, KATHLEEN P
12615 COLD STREAM DR
FORT MERS, FL 33912 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**Officer/Director Detail :**

Title	D
Name	KIBBEY, LORNA
Address	18508 EASTSHORE DRIVE
City-State-Zip:	FORT MYERS FL 33967

Title	T
Name	CHOQUETTE, KATHLEEN P
Address	12615 COLD STREAM DR
City-State-Zip:	FORT MYERS FL 33912

Title	P
Name	BODENHAMER, KEN
Address	4940 BAYLINE DRIVE
City-State-Zip:	FORT MYERS FL 33917

Title	V
Name	CARPENTER, CHARLIE
Address	8419 GLENEAGLE WAY
City-State-Zip:	NAPLES FL 34120

Title	V
Name	DAVLIN, CHRISTINE
Address	12800 UNIVERSITY DRIVE STE. 550
City-State-Zip:	FORT MYERS FL 33907

Title	V
Name	HIATT, TERESA
Address	18891 CROSSWIND AVE
City-State-Zip:	FORT MYERS FL 33917

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN P. CHOQUETTE**TREASURER****04/01/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date