

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 22, 2004
Secretary of State**

DOCUMENT# N98000003604

Entity Name: THE ASSOCIATION OF INFORMATION TECHNOLOGY PROFESSIONALS OF TAMPA, INC.

Current Principal Place of Business:

P.O. BOX 23745
TAMPA, FL 336233745

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 23745
TAMPA, FL 336233745

New Mailing Address:

FEI Number: 59-6152362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIGNELL, SUE
400 ISLAND WAY #1407
CLEARWATER, FL 33767

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: SERIM, FEYZI
Address: 5022 BRIDGETPORT DR.
City-St-Zip: SAFTY HARBOR, FL

Title: D () Delete
Name: SCOTT, TERRI
Address: 12002 BREWSTER DR.
City-St-Zip: TAMPA, FL 33626

Title: TD () Delete
Name: VEATCH, MARSHALL
Address: 614 SHADY NOOK DR
City-St-Zip: BRANDON, FL 335117973

Title: PD () Delete
Name: LIGNELL, SUE
Address: 400 ISLAND WAY #1407
City-St-Zip: CLEARWATER, FL 33767

Title: D () Delete
Name: ILGEN, JOHN
Address: 5813 MPERIAL KEY
City-St-Zip: TAMPA, FL 33626

Title: SD () Delete
Name: BROUGHTON, KAREN
Address: 24234 TWIN LAKE DRIVE
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARSHALL VEATCH

TD

01/22/2004

Electronic Signature of Signing Officer or Director

Date