

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90036 039 ****61.25

DOCUMENT # N98000003604

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



Principal Place of Business
P.O. BOX 23745
TAMPA, FL 33623-3745

Mailing Address
P.O. BOX 23745
TAMPA, FL 33623-3745


2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country

4000000



05032006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-6152362

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **SUE LIGNELL**

Street Address (P.O. Box Number is Not Acceptable)
2542 EAGLES Crossing Drive

City **Clearwater** FL Zip Code **33762**

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 *Sue C. Lignell* DATE 4/29/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SERIM, FEYZI	
STREET ADDRESS	5022 BRIDGETPORT DR.	
CITY-ST-ZIP	SAFTY HARBOR, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, TERRI	
STREET ADDRESS	12002 BREWSTER DR.	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VEATCH, MARSHALL	
STREET ADDRESS	614 SHADY NOOK DR	
CITY-ST-ZIP	BRANDON, FL 335117973	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LIGNELL, SUE	
STREET ADDRESS	400 ISLAND WAY #1407	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	ILGEN, JOHN	
STREET ADDRESS	5813 IMPERIAL KEY	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROUGHTON, KAREN	
STREET ADDRESS	24234 TWIN LAKE DRIVE	
CITY-ST-ZIP	LAND O LAKES, FL 34639	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

President Sue LIGNELL
2542 Eagles Crossing Dr
Clearwater FL 33762

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: *Marshall Veatch* **MARSHALL VEATCH** DATE: 5/11/06 (813) 972-6197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR