# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 11, 2006**
**Secretary of State**

DOCUMENT# N99000001712

**Entity Name:** THE TAMPA BAY CHAPTER OF THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

14025 RIVEREDGE DRIVE, SUITE 550
TAMPA, FL 33637 US

**New Principal Place of Business:**

**Current Mailing Address:**

14025 RIVEREDGE DRIVE, SUITE 550
TAMPA, FL 33637 US

**New Mailing Address:**

**FEI Number: 59-3562702** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WEIK, SCOTT A
14025 RIVEREDGE DRIVE, SUITE 550
TAMPA, FL 33637 US

**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: | P | ( ) Delete |
| Name: | DORNBLASER, CYNDEE | |
| Address: | 2102 A. W. HORATIO ST. | |
| City-St-Zip: | TAMPA, FL 33606 US | |
| Title: | PP | ( ) Delete |
| Name: | LEONARD, ESTHER | |
| Address: | 5005 W. LAUREL STREET #102 | |
| City-St-Zip: | TAMPA, FL 33607 | |
| Title: | S | ( ) Delete |
| Name: | JAIKARAN, ANOOPA | |
| Address: | 601 N. ASHLEY DRIVE #100 | |
| City-St-Zip: | TAMPA, FL 33602 | |
| Title: | T | ( ) Delete |
| Name: | WEIK, SCOTT A | |
| Address: | 14025 RIVEREDGE DRIVE, SUITE 550 | |
| City-St-Zip: | TAMPA, FL 33637 US | |
| Title: | CT | ( ) Delete |
| Name: | FOUNTAIN, STEPHANIE | |
| Address: | 5313 JOHNS ROAD #201 | |
| City-St-Zip: | TAMPA, FL 33634 | |

**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: | |

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT WEIK T 01/11/2006

Electronic Signature of Signing Officer or Director — Date