

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004018

FILED
May 01, 2005
Secretary of State

Entity Name: GULF COAST CHAPTER OF THE ASSOCIATION FOR INFORMATION AND IMAGE MANAGEMENT INTERNATIONAL, INC.

Current Principal Place of Business:

POST OFFICE BOX 26153
TAMPA, FL 336236153

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 26153
TAMPA, FL 336236153

New Mailing Address:

FEI Number: 59-3239225 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AYOUB, STEVE
Address: 3333 SAN JOSE STREET
City-St-Zip: CLEARWATER, FL 33759

Title: PD () Delete
Name: LANE, CRAIG
Address: 401 E. JACKSON ST., STE 1200
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: KEMPSTER, LINDA
Address: 6115 WINCHESTER LACE
City-St-Zip: SARASOTA, FL 34243

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:

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: STEVE AYOUB

D

05/01/2005

Electronic Signature of Signing Officer or Director

Date