

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715004

FILED
Apr 29, 2009
Secretary of State

Entity Name: INSTRUMENT SOCIETY OF AMERICA TAMPA BAY SECTION, INC.

Current Principal Place of Business:

704 W COUNTRY CLUB DR
TAMPA, FL 33612 US

New Principal Place of Business:

5317 RIVER ROCK ROAD
LAKELAND, FL 33809 US

Current Mailing Address:

704 W COUNTRY CLUB DR
TAMPA, FL 33612 US

New Mailing Address:

5317 RIVER ROCK ROAD
LAKELAND, FL 33809 US

FEI Number: 59-2060205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENCE, KATHRYN
704 W COUNTRY CLUB DR
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

MORELLI, TONY
5317 RIVER ROCK ROAD
LAKELAND, FL 33809 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: TONY MORELLI

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: MORELLI, TONY
Address: 3300 PUBLIX CORPORATE PARKWAY
City-St-Zip: LAKELAND, FL 33811

Title: VC () Delete
Name: MAGIERA, NORMAN
Address: 4083 WESTBOURNE CIRCLE
City-St-Zip: SARASOTA, FL 34238

Title: TC () Delete
Name: PENCE, KATHRYN
Address: 704 W COUNTRY CLUB DR
City-St-Zip: TAMPA, FL 33612

Title: DC () Delete
Name: COLLINS, ADRIAN
Address: 9514 NORCHESTER CIRCLE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: MORELLI, TONY
Address: 5317 RIVER ROCK ROAD
City-St-Zip: LAKELAND, FL 33809

Title: VC (X) Change () Addition
Name: ROBERT, REINHART
Address: 518 BROAD STREET
City-St-Zip: SEWICKLEY, PA 15143

Title: TD (X) Change () Addition
Name: PENCE, KATHRYN
Address: 704 W COUNTRY CLUB DR
City-St-Zip: TAMPA, FL 33612

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

I hereby certify that the information supplied with this filing does not qualify 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: TONY MORELLI

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date