

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90030 013 ****61.25

DOCUMENT # N00000007416

1. Entity Name

**PROJECT MANAGEMENT INSTITUTE, TAMPA BAY
CHAPTER, INC.**



Principal Place of Business

**2780 E FOWLER AVENUE
PMB 243
TAMPA FL 33612-6297**

Mailing Address

**2780 E FOWLER AVENUE
PMB 243
TAMPA FL 33612-6297**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3700465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LITCHFIELD, GLENN
651 TIMBER POND DR
BRANDON FL 33510-2936**

Name

GLENN LITCHFIELD

Street Address (P.O. Box Number is Not Acceptable)

1405 GULF STREAM CIRCLE #204

City

BRANDON

FL

Zip Code
33511

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

Glenn Litchfield

GLENN LITCHFIELD

3/2/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 **VMSB** ☐ Delete
NAME **MCFAIRLANE, JERRY**
STREET ADDRESS **1780 E FOWLER AVENUE, PMB 243**
CITY-ST-ZIP **TAMPA FL 33512**

TITLE **VPRD-1** ☐ Delete
NAME **WHEELER, MAC**
STREET ADDRESS **2870 E FOWLER AVE- PMB 243**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **PD PAST PRESIDENT** ☐ Delete
NAME **MIKOFF, ALLAN**
STREET ADDRESS **2870 E FOWLER AVE- PMB 243**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **VPRD-1** ☐ Delete
NAME **WHITE, DIANE**
STREET ADDRESS **2870 E FOWLER AVE- PMB 243**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **TD** ☐ Delete
NAME **LITCHFIELD, GLENN**
STREET ADDRESS **2870 E FOWLER AVE- PMB 243**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **SD** ☐ Delete
NAME **STEPANICK, PEGGY**
STREET ADDRESS **2780 E FOWLER AVE- PMB 243**
CITY-ST-ZIP **TAMPA FL 33612**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP OF MEMBER SERVICES** ☒ Change ☐ Addition
NAME **MC FAIRLANE, JERRY**
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PAST PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP COMMUNICATIONS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Glenn Litchfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENN LITCHFIELD, TREASURER

Date

813-987-1953

Daytime Phone #