

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90024 027 ****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		4. FEI Number 59-3700465	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BENNOUNA, SANAA 6345 90TH AVENUE N. PINELLAS PARK, FL 33782			GLENN LITCHFIELD 2525 WHEELER GROVES DR. SEFFNER, FL 33584		
			Name GLENN LITCHFIELD		
			Street Address (P.O. Box Number is Not Acceptable) 2525 WHEELER GROVES DRIVE		
			City SEFFNER FL Zip Code 33584		
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: <i>Glenn Litchfield</i>				DATE: 1/8/06	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRES. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEPANICK, PEGGY	NAME	2870 E. FOWLER RMB 243		
STREET ADDRESS	1780 E FOWLER AVENUE, PMB 243	STREET ADDRESS	TAMPA, FL 33612		
CITY-ST-ZIP	TAMPA, FL 33612 33612	CITY-ST-ZIP	TAMPA, FL 33612		
TITLE	VPEP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRANFLEY WAYNE SANDY COBB	NAME	SANDY COBB		
STREET ADDRESS	2870 E FOWLER AVE- PMB 243	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP			
TITLE	VPC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITE, DIANE	NAME			
STREET ADDRESS	2870 E FOWLER AVE- PMB 243	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP			
TITLE	VP M <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHEELER, DAN RICK MATSON	NAME	RICK MATSON		
STREET ADDRESS	2870 E FOWLER AVE- PMB 243	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LITCHFIELD, GLENN TOM HAWLEY	NAME	TOM HAWLEY		
STREET ADDRESS	2870 E FOWLER AVE- PMB 243	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COBBAR, ALEXANDRA BOULANGER	NAME	ALEXANDRA BOULANGER		
STREET ADDRESS	2780 E FOWLER AVE- PMB 243	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP			
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: <i>Glenn Litchfield</i>				DATE: 1/8/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #: 813-541-7191 (cell) 813-987-1953	

50000119



01082006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3700465 Applied For Not Applicable

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

Filing Fee is \$61.25 Due by May 1, 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	PRES. <input type="checkbox"/> Delete
NAME	STEPANICK, PEGGY
STREET ADDRESS	1780 E FOWLER AVENUE, PMB 243
CITY-ST-ZIP	TAMPA, FL 33612 33612
TITLE	VPEP <input type="checkbox"/> Delete
NAME	BRANFLEY WAYNE SANDY COBB
STREET ADDRESS	2870 E FOWLER AVE- PMB 243
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	VPC <input type="checkbox"/> Delete
NAME	WHITE, DIANE
STREET ADDRESS	2870 E FOWLER AVE- PMB 243
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	VP M <input type="checkbox"/> Delete
NAME	WHEELER, DAN RICK MATSON
STREET ADDRESS	2870 E FOWLER AVE- PMB 243
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	TD <input type="checkbox"/> Delete
NAME	LITCHFIELD, GLENN TOM HAWLEY
STREET ADDRESS	2870 E FOWLER AVE- PMB 243
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	SD <input type="checkbox"/> Delete
NAME	COBBAR, ALEXANDRA BOULANGER
STREET ADDRESS	2780 E FOWLER AVE- PMB 243
CITY-ST-ZIP	TAMPA, FL 33612

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2870 E. FOWLER RMB 243
STREET ADDRESS	TAMPA, FL 33612
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDY COBB
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICK MATSON
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM HAWLEY
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDRA BOULANGER
STREET ADDRESS	
CITY-ST-ZIP	

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: *Glenn Litchfield* DATE: 1/8/06 DAYTIME PHONE #: 813-541-7191 (cell) 813-987-1953