

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				
Zip	Country	Zip	Country	4. FEI Number 59-3700465		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BENNOUNA, SANAA 6345 90TH AVENUE N. PINELLAS PARK, FL 33782			7. Name and Address of New Registered Agent Name <u>GLENN LITCHFIELD</u> Street Address (P.O. Box Number is Not Acceptable) <u>2525 WHEELER GROVES DRIVE</u> City <u>SEFFNER</u> FL Zip Code <u>33584</u>			
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 <u>Glenn Litchfield</u> DATE <u>1/8/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
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.	NAME STEPANICK, PEGGY		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1780 E FOWLER AVENUE, PMB 243	CITY-ST-ZIP TAMPA, FL 33612 2870			STREET ADDRESS 2870 E. FOWLER PMB 243	CITY-ST-ZIP TAMPA, FL 33612	
TITLE VPED	NAME BRANFLEY WAYNE SANDY COBB		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2870 E FOWLER AVE- PMB 243	CITY-ST-ZIP TAMPA, FL 33612			STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VPC	NAME WHITE, DIANE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2870 E FOWLER AVE- PMB 243	CITY-ST-ZIP TAMPA, FL 33612			STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP M	NAME RICK MATSON		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2870 E FOWLER AVE- PMB 243	CITY-ST-ZIP TAMPA, FL 33612			STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TD	NAME LITCHFIELD, GLENN TOM HAWLEY		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2870 E FOWLER AVE- PMB 243	CITY-ST-ZIP TAMPA, FL 33612			STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SD	NAME BOULANGER, ALEXANDRA		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2780 E FOWLER AVE- PMB 243	CITY-ST-ZIP TAMPA, FL 33612			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: <u>Glenn Litchfield</u>			DATE: <u>1/8/06</u>		DAYTIME PHONE #: <u>813-541-7191 (cell)</u> <u>813-987-1953</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						