


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90021 023 ****61.25

DOCUMENT # N02000002116 1. Entity Name INSTITUTE OF TRANSPORTATION ENGINEERS - DISTRICT 10, INC.					
Principal Place of Business 300 PRIMERA BOULEVARD SUITE 200 LAKE MARY, FL 32746			Mailing Address 300 PRIMERA BOULEVARD SUITE 200 LAKE MARY, FL 32746		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number 02-0577216				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GWYNN, DAVID JR. 300 PRIMERA BOULEVARD SUITE 200 LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YAVCH, PETER PE		NAME	Yavch, Peter	
STREET ADDRESS	510 ETSENHOWER BLVD STE 220		STREET ADDRESS	5110 Eisenhower Blvd, Suite 220	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGEN, LAWRENCE T P.E.		NAME	Swanson, Devin A.	
STREET ADDRESS	2300 W. COMMERCIAL BLVD.		STREET ADDRESS	2725 Judge Fran Jamieson Way	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	Viera, FL 32940	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EL EID, JIHAD P.E.		NAME		
STREET ADDRESS	2300 W. COMMERCIAL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GWYNN, DAVID W JR.		NAME		
STREET ADDRESS	300 PRIMERA BOULEVARD #200		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, JOHN		NAME		
STREET ADDRESS	5650 ENTERPRISE PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33905		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANN, PHIL P.E.		NAME		
STREET ADDRESS	306 NE 6TH AVENUE #326		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32602		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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-16-04 Date		
			407 805 0355 Daytime Phone #		