


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-29-2004 90107 005 ****61.25

DOCUMENT # N02000003428 1. Entity Name TAMPA BAY CHAPTER OF THE INSTITUTE OF TRANSPORATION ENGINEERS, INC.					
Principal Place of Business C/O CARTER BURGESS 8875 HIDDEN RIVER PARKWAY ST 300 TAMPA, FL 33637			Mailing Address C/O CARTER BURGESS 8875 HIDDEN RIVER PARKWAY ST 300 TAMPA, FL 33637		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VALLEJO, JACKELINE C/O ORTH-RODGERS ASSOCIATES 3030 NORTH ROCKEY POINT DR W STE 205 TAMPA, FL 33607			Name MATTHEW G. WEY Street Address (P.O. Box Number is Not Acceptable) C/O CARTER BURGESS 8875 HIDDEN RIVER PARKWAY, SUITE 300 TAMPA FL 33637		
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>Matthew Wey</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>01/25/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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 NAME STREET ADDRESS CITY-ST-ZIP	PD VALLEJO, JACKELINE 3030 N ROCKEY PONT DR W STE 265 TAMPA, FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, KEITH A 11701 N MCKINLEY DR STE C-300 TAMPA, FL 33612	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AL-KAISY, HUSHAM N PHD 601 E KENNEDY BLVD 23RD FL TAMPA, FL 33601	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORMAN, SANDRA L 4305 HIGHLAND PARK BLVD LAKELAND, FL 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEY, MATTHEW G 8875 HIDDEN RIVER PKWY STE 300 TAMPA, FL 33637	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST - PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ROSANA CORREA C/O GRAY-CALHOUN ASSOCIATES, INC. 4350 W. CYPRESS ST., SUITE 340 TAMPA, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u>Matthew Wey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>01/25/04</u>		Daytime Phone # <u>813-975-7241</u>