


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90047 001 \*\*\*\*61.25

**DOCUMENT # N02000003428**

1. Entity Name  
**TAMPA BAY CHAPTER OF THE INSTITUTE OF TRANSPORTATION 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**

**40002350**

2. Principal Place of Business  
**Grimail Crawford, c/o Stacy Burgess**

3. Mailing Address  
**Grimail Crawford, c/o Stacy Burgess**

Suite, Apt. #, etc.  
**5444 Bay Center Drive**



01052005 Chg-NP CR2E037 (10/03)

City & State  
**Tampa, Florida**

4. FEI Number  
**75-3060219**

Applied For  
 Not Applicable

Zip Country  
**33609 United States**

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

6. Name and Address of Current Registered Agent  
**WEY, MATTHEW G  
 C/O CARTER BURGESS  
 8875 HIDDEN RIVER PKWY STE 300  
 TAMPA, FL 33637**

7. Name and Address of New Registered Agent

Name **STACY V J BURGESS**

Street Address (P.O. Box Number is Not Acceptable)  
**GRIMAIL CRAWFORD, IN  
 c/o 5444 BAY CENTER DRIVE**

City **Tampa** FL Zip Code **33609**

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 *Stacy V J Burgess* DATE 1/14/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALLEJO, JACKELINE			NAME	GORMAN, SANDRA L		
STREET ADDRESS	3030 N ROCKEY PONT DR W STE 265			STREET ADDRESS	4305 HIGHLAND PARK BLVD		
CITY-ST-ZIP	TAMPA, FL 33607			CITY-ST-ZIP	LAKELAND, FL 33813		
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AL-KAISY, HUSHAM N PHD			NAME	WEY, MATTHEW G		
STREET ADDRESS	601 E KENNEDY BLVD 23RD FL			STREET ADDRESS	8875 HIDDEN RIVER PKWY STE 300		
CITY-ST-ZIP	TAMPA, FL 33601			CITY-ST-ZIP	TAMPA, FL 33637		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORMAN, SANDRA L			NAME	CORREA, ROSANA		
STREET ADDRESS	4305 HIGHLAND PARK BLVD			STREET ADDRESS	7650 W. COURTNEY CAMPBELL CSWY		
CITY-ST-ZIP	LAKELAND, FL 33813			CITY-ST-ZIP	TAMPA, FL 33607		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEY, MATTHEW G			NAME	BURGESS, STACY YJ		
STREET ADDRESS	8875 HIDDEN RIVER PKWY STE 300			STREET ADDRESS	5444 BAY CENTER DR		
CITY-ST-ZIP	TAMPA, FL 33637			CITY-ST-ZIP	TAMPA, FL 33609		
TITLE	S	<input type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CORREA, ROSANA			NAME	ROARK, DREW		
STREET ADDRESS	4350 W. CYPRESS ST. STE 340			STREET ADDRESS	1715 N WESTSHORE BLVD STE 500		
CITY-ST-ZIP	TAMPA, FL 33607			CITY-ST-ZIP	TAMPA, FL 33607		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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: *Stacy V J Burgess* DATE 1/14/05 DAYTIME PHONE # 813.387.0084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR