


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90082 047 ****61.25

DOCUMENT # N02000003428

1. Entity Name
 TAMPA BAY CHAPTER OF THE INSTITUTE OF TRANSPORTATION ENGINEERS, INC.



Principal Place of Business
 GRIMAIL CRAWFORD, C/O STACY BURGESS
 5444 BAY CENTER DRIVE
 TAMPA, FL 33609

Mailing Address
 GRIMAIL CRAWFORD, C/O STACY BURGESS
 5444 BAY CENTER DRIVE
 TAMPA, FL 33609



2. Principal Place of Business *C/O ELISA POWELL*
 Scheda Ecological Asso.

3. Mailing Address *C/O ELISA POWELL*
 Scheda Ecological ASSOCIATES

Suite, Apt. #, etc.
 5892 E. Fowler Ave

Suite, Apt. #, etc.
 5892 E. Fowler Ave

City & State
 TAMPA, FLORIDA

City & State
 TAMPA, FLORIDA

Zip
 33617

Country
 U.S.A.

Zip
 33617

Country
 U.S.A.

01192006 Chg-NP CR2E037 (11/05)

4. FEI Number
 75-3060219

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BURGESS, STACY Y
 GRIMAL CRAWFORD IN
 5444 BAY CENTER DR
 TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name
 ELISA POWELL OF SCHEDA ECOLOGICAL ASSO.

Street Address (P.O. Box Number is Not Acceptable)
 5892 E FOWLER AVENUE

TAMPA, FLORIDA 33617

City
 TAMPA

FL Zip Code
 33617

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 *Elisa Burgess* DATE *1-31-06*

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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURGESS, STACY Y 5444 BAY CENTER DR TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POWELL ELISA 5892 E. FOWLER AVE. TAMPA, FLORIDA 33617 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROARK, DREW 1715 N WESTSHORE BLVD STE 500 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURGESS, STACY Y 5444 BAY CENTER DR TAMPA, FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORMAN, SANDRA L 4305 HIGHLAND PARK BLVD LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROARK, DREW 1715 N WESTSHORE BLVD STE 500 TAMPA, FL 33607 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEY, MATTHEW G 8875 HIDDEN RIVER PKWY STE 300 TAMPA, FL 33637 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD - PAST WEY, MATTHEW G 400 NORTH ASHLEY DRIVE, SUITE 1550 TAMPA, FLORIDA 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORREA, ROSANA 7650 W COURTNEY CAMPBELL CSWY TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORREA, ROSANA 4850 WEST CYPRESS STREET, SUITE 340 TAMPA, FLORIDA 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Elisa Burgess* DATE *1-31-06* DAYTIME PHONE # *813-989-9600*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR