

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N02000003428</b>					
<b>1. Entity Name</b> TAMPA BAY CHAPTER OF THE INSTITUTE OF TRANSPORTATION ENGINEERS, INC.					
<b>Principal Place of Business</b> GRIMAIL CRAWFORD, C/O STACY BURGESS 5444 BAY CENTER DRIVE TAMPA, FL 33609			<b>Mailing Address</b> GRIMAIL CRAWFORD, C/O STACY BURGESS 5444 BAY CENTER DRIVE TAMPA, FL 33609		
<b>2. Principal Place of Business</b> <i>C/O ELISA POWELL</i> Scheda Ecological Asso.			<b>3. Mailing Address</b> <i>C/O ELISA POWELL</i> 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.		<b>4. FEI Number</b> 75-3060219			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BURGESS, STACY Y GRIMAIL CRAWFORD IN 5444 BAY CENTER DR TAMPA, FL 33609			<b>7. Name and Address of New Registered Agent</b> Name <i>ELISA POWELL OF SCHEDA ECOLOGICAL ASSO.</i> Street Address (P.O. Box Number is Not Acceptable) 5892 E. FOWLER AVENUE TAMPA, FLORIDA 33617 City <i>TAMPA</i> <b>FL</b> Zip Code <i>33617</i>		
<b>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.</b> SIGNATURE <i>Elisa Powell</i> <span style="float: right;">1-31-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> BURGESS, STACY Y 5444 BAY CENTER DR TAMPA, FL 33609	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> POWELL ELISA 5892 E. FOWLER AVE. TAMPA, FLORIDA 33617		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> ROARK, DREW 1715 N WESTSHORE BLVD STE 500 TAMPA, FL 33607	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> BURGESS, STACY Y 5444 BAY CENTER DR TAMPA, FL 33609		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> GORMAN, SANDRA L 4305 HIGHLAND PARK BLVD LAKELAND, FL 33813	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> ROARK, DREW 1715 N WESTSHORE BLVD STE 500 TAMPA, FL 33607		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> WEY, MATTHEW G 8875 HIDDEN RIVER PKWY STE 300 TAMPA, FL 33637	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD - PAST</b> WEY, MATTHEW G 440 NORTH ASHLEY DRIVE, SUITE 1550 TAMPA, FLORIDA 33602		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> CORREA, ROSANA 7650 W COURTNEY CAMPBELL CSWY TAMPA, FL 33607	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> CORREA, ROSANA 4850 WEST CYPRESS STREET, SUITE 340 TAMPA, FLORIDA 33607		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Elisa Powell</i> <span style="float: right;">1-31-06 813989-9600</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					