


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90023 018 ****61.25

DOCUMENT # N02000003428

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



Principal Place of Business
**SCHEDEA ECOLOGICAL ASSO.
5892 E FOWLER AVE
TAMPA, FL 33617**

Mailing Address
**SCHEDEA ECOLOGICAL ASSO.
5892 E FOWLER AVE
TAMPA, FL 33617**

50000643



2. Principal Place of Business - No P.O. Box #
1511 N. Westshore Blvd.

3. Mailing Address
1511 N. Westshore Blvd.

Suite, Apt. #, etc.
Suite 1115

Suite, Apt. #, etc.
Suite 1115

01162007 Chg-NP CR2E037 (12/06)

City & State
TAMPA, FL

City & State
Tampa, FL

4. FEI Number
75-3060219

Applied For
 Not Applicable

Zip
33607

Country
USA

Zip
33607

Country
USA

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURGESS, STACY Y ELISA POWELL OF SCHEDEA ECOLOGICAL ASSOC. 5898 E FOWLER AVE TAMPA, FL 33617.	Name Elisa Powell
	Street Address (P.O. Box Number is Not Acceptable) 1511 N. Westshore Blvd
	Suite 1115
	City Tampa FL Zip Code 33607

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 Powell* **1/17/07**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 TD	BURGESS, STACY Y <input type="checkbox"/> Delete	TITLE P	Stacy Y Burgess <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5444 BAY CENTER DR	NAME	1511 N. Westshore Blvd., Suite 1115
STREET ADDRESS	TAMPA, FL 33609	STREET ADDRESS	Tampa, FL 33607
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE S	ROARK, DREW <input type="checkbox"/> Delete	TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1715 N WESTSHORE BLVD STE 500	NAME	
STREET ADDRESS	TAMPA, FL 33607	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE S	ROARK, DREW <input checked="" type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1715 W WESTSHORE BLVD STE 500	NAME	Elisa Powell
STREET ADDRESS	TAMPA, FL 33607	STREET ADDRESS	1511 N. Westshore Blvd., Suite 1115
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33607
TITLE P	WEY, MATTHEW G <input checked="" type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8875 HIDDEN RIVER PKWY STE 300	NAME	Stephen McGinley
STREET ADDRESS	TAMPA, FL 33637	STREET ADDRESS	8406 Benjamin Road, Suite G
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33634
TITLE V	CORREA, ROSANA <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7650 W COURTNEY CAMPBELL CSWY	NAME	
STREET ADDRESS	TAMPA, FL 33607	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 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 Powell* **Elisa Powell** **1/17/07** **813.387.0084**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #