


**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 TRANSPORTATION 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
<b>BURGESS, STACY Y                      ELISA POWELL OF SCHEDEA ECOLOGICAL ASSOC.                      5898 E FOWLER AVE                      TAMPA, FL 33617.</b>	Name <b>Elisa Powell</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>1511 N. Westshore Blvd</b>
	Suite <b>Suite 1115</b>
	City <b>Tampa FL</b> Zip Code <b>33607</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.

SIGNATURE *Elisa Powell* DATE **1/17/07**

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

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