

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90001 005 ****70.00

DOCUMENT # N03000006207

1. Entity Name
**CONSORTIUM OF INFORMATION AND
TELECOMMUNICATIONS EXECUTIVES OF FLORIDA,
INC.**



Principal Place of Business
**4424 TARPON DRIVE
TAMPA, FL 33617**

Mailing Address
**P.O. BOX 290424
TAMPA, FL 33687**

54069646



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08092004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

010591148

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MCCALPINE, TANYA
7510-D NEEDLE LEAF PLACE
TEMPLE TERRACE, FL 33617**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 September 8, 2004**

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 **P** ☐ Delete
NAME **BAGLEY, SAMMECIA L**
STREET ADDRESS **4424 TARPON DRIVE**
CITY-ST-ZIP **TAMPA, FL 33617**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SUMMERVILLE, CHAVEZ**
STREET ADDRESS **P.O. BOX 46204**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECR** ☒ Delete
NAME **MCCALPINE, TANYA**
STREET ADDRESS **7510-D NEEDLE LEAF PLACE**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE ☒ Change ☐ Addition
NAME **SECR KNOX, TONYA**
STREET ADDRESS **1960 Wood Bend Street**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **PARL** ☒ Delete
NAME **OLIVER, REYNALDO**
STREET ADDRESS **3801 NORTHRIDGE DRIVE**
CITY-ST-ZIP **BRANDON, FL 33617**

TITLE ☒ Change ☐ Addition
NAME **PARL COUSAR, EDWARD**
STREET ADDRESS **4711 S. Himes Ave Apt 216**
CITY-ST-ZIP **Tampa, FL 33611**

TITLE **TREA** ☐ Delete
NAME **WOODLEY, ALICIA**
STREET ADDRESS **P.O. BOX 290424**
CITY-ST-ZIP **TAMPA, FL 33687**

TITLE ☒ Change ☒ Addition
NAME **TREA NICOLE HUMPHRIES**
STREET ADDRESS **15425 Plantation Oaks Dr. Apt. 7**
CITY-ST-ZIP **Tampa, FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP MCCALPINE, TANYA**
STREET ADDRESS **7510-D Needle Leaf Place**
CITY-ST-ZIP **Temple Terrace, FL 33617**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

S. Bagley

Sammechia L. Bagley

Date

8/9/04

Daytime Phone #

813-841-1672