

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006207

FILED
Feb 23, 2006
Secretary of State

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

Current Principal Place of Business:

4424 TARPON DRIVE
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 290424
TAMPA, FL 33687

New Mailing Address:

FEI Number: 01-0591148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUMPHRIES, NICOLE
18103 PARADISE POINT DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAGLEY, SAMMECIA L
Address: 4424 TARPON DRIVE
City-St-Zip: TAMPA, FL 33617

Title: VP () Delete
Name: ARMSTRONG, NEIL
Address: 6426 RENWICK CIRCLE
City-St-Zip: TAMPA, FL 33647

Title: SECR () Delete
Name: KNOX, TONYA
Address: 1960 WOODBEND ST
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PARL () Delete
Name: KENTISH-GREAVES, JACKIE
Address: 1909 US HWY 301N. BLDG D MC:FLG1-280
City-St-Zip: TAMPA, FL 33619

Title: TREA () Delete
Name: HUMPHRIES, NICOLE
Address: 18103 PARADISE POINT DRIVE
City-St-Zip: TAMPA, FL 33647

Title: VP () Delete
Name: JONES, CHANTE
Address: 8800 ADAMO DR. MC: FLTP1225
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARMSTRONG, NEIL J
Address: 6426 RENWICK CIRCLE
City-St-Zip: TAMPA, FL 33647

Title: VP (X) Change () Addition
Name: KENTISH-GREAVES, JACKIE
Address: 1909 US HWY 301N. BLDG D MC:FLG1-280
City-St-Zip: TAMPA, FL 33619

Title: SECR (X) Change () Addition
Name: JONES, MILCAH
Address: 1 E TELECOM PKWY MC:FLTDSE1M
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: PARL (X) Change () Addition
Name: BELL, JOAN
Address: 8800 ADAMO DR. MC: FLTP1225
City-St-Zip: TAMPA, FL 33619

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE HUMPHRIES

TREA

02/23/2006

Electronic Signature of Signing Officer or Director

Date