


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

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000001478		
1. Entity Name FLORIDA INFORMATION TECHNOLOGY CENTERS OF EXCELLENCE, INC.		
Principal Place of Business 401 BOATING CLUB ROAD ST. AUGUSTINE, FL 32084	Mailing Address 401 BOATING CLUB ROAD ST. AUGUSTINE, FL 32084	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SINGLETARY, JOSHUA 401 BOATING CLUB ROAD ST. AUGUSTINE, FL 32084		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000768741 07/13/07-80010-012 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED SINGLETARY, JOSHUA 401 BOATING CLUB ROAD ST. AUGUSTINE, FL 32084	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILKERSON, KATHRYN 2034 DUNEAGLE COURT TALLAHASSEE, FL 32317	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOBZA, DEBORAH 401 BOATING CLUB ROAD ST. AUGUSTINE, FL 32084	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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: <u>Deborah Kobza</u> (DEBORAH KOBZA) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7-2-07 904-827-0290 <small>Date Daytime Phone #</small>