

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90269 032 \*\*\*\*61.25

**DOCUMENT # N05000003414**

1. Entity Name  
**GREATER TAMPA BAY CHAPTER OF AFCOM INC.**



Principal Place of Business  
**5714 RIDGESTONE DRIVE  
TAMPA, FL 33625 US**

Mailing Address  
**5714 RIDGESTONE DRIVE  
TAMPA, FL 33625 US**

**50005693**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**51-0532574**

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

**JONES, MICHAEL B  
5714 RIDGESTONE DRIVE  
TAMPA, FL 33625**

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 May 1, 2006**

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  
P  
HARDEN, JEANNE  
601 E. KENNEDY BLVD  
TAMPA, FL 33602 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Jeanne Harden  
505 East St.  
Tampa, FL 33602 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
HARRISON, VICTORIA A  
3215 TAMPA BAY BLVD.  
TAMPA, FL 33607 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
Ismael Rodriguez  
505 East St.  
Tampa, FL 33602 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BARNES, HAZEL  
501 BROOKER CREEK BLVD.  
OLDSMAR, FL 34677 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GOOCH, THOMAS  
2840 SCHERER DRIVE SUITE 400  
ST. PETERSBURG, FL 33716 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Rick Scott  
1107 N. Ward St.  
Tampa, FL 33607 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GOOCH, RODGER  
2840 SCHERER DRIVE SUITE 400  
ST. PETERSBURG, FL 33716 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JONES, MICHAEL B  
5714 RIDGESTONE DR.  
TAMPA, FL 33625 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
Michael B. Jones  
3215 Tampa Bay Blvd.  
Tampa, FL 33607 ☒ Change ☐ 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: Michael B. Jones Michael B. Jones, treasurer 3/22/06 813-243-7147  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #