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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:45

DOCUMENT # **N12637** **(7)**

1. Corporation Name

DATA PROCESSING MANAGEMENT ASSOCIATION-TAMPA CHAPTER, INC.

Principal Place of Business	Mailing Address
C/O PRESIDENT P O BOX 3052 TAMPA FL 33601	C/O PRESIDENT P O BOX 3052 TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1985
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-6152362 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 C/O PRESIDENT	26 C/O PRESIDENT
Suite, Apt. #, etc. 22 POB 23745	Suite, Apt. #, etc. 27 POB 23745
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip / Country 24 33623-3745 25	Zip / Country 29 33623-3745 30

9. Name and Address of Current Registered Agent

PINKERTON, GEORGE
19516 LAKE OSCEOLA LANE
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE GEORGE PINKERTON George Pinkerton 4-10-95
(Signature, type(s) or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	BROUGHTON, KAREN	1.2 NAME	
STREET ADDRESS	24234 TWIN LAKE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAND'O LAKES FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	~~LEADERS, TOM~~	2.2 NAME	BETH STORY
STREET ADDRESS	~~4210 W FLORIDA ST~~	2.3 STREET ADDRESS	3560 SW 148TH PLACE
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	OCALA, FL 34473
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	HUG, DICK	3.2 NAME	MARSHALL VENTCH
STREET ADDRESS	9017 QUAIL CREEK DR.	3.3 STREET ADDRESS	614 SHADY NOOK DR.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	BRANDON, FL 33511-7923
TITLE	AD	4.1 TITLE	☐ Change ☐ Addition
NAME	LIGNELL, SUE	4.2 NAME	
STREET ADDRESS	400 ISLAND WAY # 1407	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	DOUGHERTY, GEORGE	5.2 NAME	
STREET ADDRESS	4712 SINGING STREM WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 56	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	PINKERTON, GEORGE	6.2 NAME	
STREET ADDRESS	19516 LAKE OSCEOLA LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Pinkerton 4/01/95 813-920 5458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003266