

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91217 034 ****61.25

DOCUMENT # N31708

1. Entity Name
**FLORIDA WEST COAST CHAPTER OF THE INSTITUTE OF I
NTERNAL AUDITORS, INCORPORATED**



Principal Place of Business

P O BOX 26483
TAMPA FL 33623
US

Mailing Address

P O BOX 26483
TAMPA FL 33623
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2951576**

Applied For

Not Applicable

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

**HANKINS, BETTY L
1515 N. WESTSHORE BLVD
INTERNAL AUDIT DEPT.
TAMPA FL 33607**

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

FILE NOW: FEE IS \$61.25

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 **D** ☐ Delete
NAME **SHEER, MELINDA**
STREET ADDRESS **1500 N DALE MABRY HWY**
CITY-ST-ZIP **TAMPA FL 33631**

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

TITLE **D** ☒ Delete
NAME **TURKE, TOM**
STREET ADDRESS **16313 N DALE MABRY HWY**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D** ☐ Change ☒ Addition
NAME **ROTZ, WILLIAM**
STREET ADDRESS **BANK OF AMERICA**
CITY-ST-ZIP **P O BOX 31590 TAMPA FL 33631**

TITLE **D** ☐ Delete
NAME **SKIPPER, CYNDI**
STREET ADDRESS **101 E KENNEDY BLVD STE 2200**
CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE **D** ☐ Delete
NAME **GLICKMAN, SUSAN**
STREET ADDRESS **3109 W DR MLK BLVD**
CITY-ST-ZIP **TAMPA FL 33607**

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

TITLE **P** ☒ Delete
NAME **THROWER, MITCHELL**
STREET ADDRESS **HILLS CO. AVIATION AUTH PO BOX 22287 TIA**
CITY-ST-ZIP **TAMPA FL 33622**

TITLE **P** ☐ Change ☒ Addition
NAME **WEATHERS, BILLY**
STREET ADDRESS **METROPOLITAN MINISTRIES**
CITY-ST-ZIP **2002 N FLORIDA AVE. TAMPA FL 33602**

TITLE **T** ☒ Delete
NAME **RATURI, REENA**
STREET ADDRESS **4202 E. FOWLER AVE MHH252**
CITY-ST-ZIP **TAMPA FL 33620**

TITLE **T** ☐ Change ☒ Addition
NAME **CURPETT, STEVEN**
STREET ADDRESS **4202 E. FOWLER AVE. MHH252**
CITY-ST-ZIP **TAMPA FL 33620**

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 information.

SIGNATURE:

SIGNATURE REQUIRED
REENA RATURI

4/17/03 (833) 974-2705

CR2E037 (10/02)