

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90098 046 ****61.25

DOCUMENT # N36977

1. Entity Name
**SOCIETY FOR THE TECHNOLOGICAL ADVANCEMENT
OF REPORTING, INC.**



Principal Place of Business
**222 S. WESTMONTE DR.
#101
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**P.O. BOX 150127
ALTAMONTE SPRINGS, FL 32715**

2006



2. Principal Place of Business

3. Mailing Address
222 S Westmonte Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 101

03272006 Chg-NP CR2E037 (11/05)

City & State

City & State
Altamonte Springs FL

4. FEI Number
59-3308744

Applied For
Not Applicable

Zip

Country

Zip
32714

Country
US

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

**KAUTTER, TINA
222 S. WESTMONTE DR., #101
ALTAMONTE SPRINGS, FL 32714**

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 T ☐ Delete
NAME MOBLEY, TODD
STREET ADDRESS 334 S. MAIN ST
CITY-ST-ZIP DAYTON, OH 45402

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

TITLE D ☐ Delete
NAME KAUTTER, TINA
STREET ADDRESS 222 S WESTMONTE DR # 101
CITY-ST-ZIP ALTAMONTE SPGS, FL 32714

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

TITLE PD ☒ Delete
NAME RENNILLO, IRENE
STREET ADDRESS 1301 E 9TH ST
CITY-ST-ZIP CLEVELAND, OH 44114

TITLE SD ☐ Change ☒ Addition
NAME Di Battista, Gail
STREET ADDRESS 42 Chauncy St #1A
CITY-ST-ZIP Boston MA 02111

TITLE VPD ☐ Delete
NAME MILLER, MICHAEL
STREET ADDRESS 133 N. FRIENDSWOOD DRIVE # 327
CITY-ST-ZIP FRIENDSWOOD, TX 77546

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

TITLE SD ☐ Delete
NAME ROCK, VICTORIA
STREET ADDRESS 29 S. LASALLE STREET # 200
CITY-ST-ZIP CHICAGO, IL 60603

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: Tina Kautter *Tina Kautter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06

407-774-7880

Date

Daytime Phone #