

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000212

FILED
Jan 07, 2006
Secretary of State

Entity Name: THE TAMPA BAY AREA CHAPTER OF THE INTERNATIONAL SOCIETY OF CERTIFIED EMPLOYEE
BENEFIT SPECIALISTS, INC.

Current Principal Place of Business:

1811 STONEBROOK LANE
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

1811 STONEBROOK LANE
TAMPA, FL 34695 US

New Mailing Address:

FEI Number: 59-3205131 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HARVEY, DAVID A
1811 STONEBROOK LANE
TAMPA, FL 34695 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HARVEY, DAVID
Address: 1811 STONEBROOK LANE
City-St-Zip: TAMPA, FL 33761

Title: DVP () Delete
Name: GROOMS, SCOT
Address: 1811 STONEBROOK LANE
City-St-Zip: TAMPA, FL 33607

Title: DT () Delete
Name: MARTIN, TAMSEN
Address: 1811 STONEBROOK LANE
City-St-Zip: TAMPA, FL 33607

Title: DS () Delete
Name: MARTIN, TAMSEN
Address: 1811 STONEBROOK LANE
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. HARVEY

PRES

01/07/2006

Electronic Signature of Signing Officer or Director

Date