

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2005
Secretary of State**

DOCUMENT# N93000000050

Entity Name: INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION, WEST FLORIDA CHAPTER, INC.

Current Principal Place of Business:

P.O. BOX 1101
TAMPA, FL 336011101 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1101
TAMPA, FL 336011101 US

New Mailing Address:

FEI Number: 59-1933237 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RIEGEL, ROBERT
C/O TECH DATA CORPORATION
5350 TECH DATA DRIVE
CLEARWATER, FL 33760 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: P () Delete
Name: RIEGELE, ROBERT
Address: P.O. BOX 1101
City-St-Zip: TAMPA, FL 336011101 US

Title: V () Delete
Name: CORSI, JOE
Address: P.O. BOX 1101
City-St-Zip: TAMPA, FL 336011101 US

Title: S () Delete
Name: YOUNG, LISA
Address: P.O. BOX 1101
City-St-Zip: TAMPA, FL 336011101 US

Title: T () Delete
Name: KOLMAN, MARK
Address: P.O. BOX 1101
City-St-Zip: TAMPA, FL 336011101 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RIEGEL, ROBERT
Address: P.O. BOX 1101
City-St-Zip: TAMPA, FL 336011101 US

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 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 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: LISA R YOUNG

MS.

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date