

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


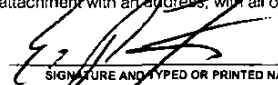
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Feb 20, 2006 8:00 am
Secretary of State

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DOCUMENT # N93000000050							
1. Entity Name INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION, WEST FLORIDA CHAPTER, INC.							
Principal Place of Business P.O. BOX 1101 TAMPA, FL 33601-1101 US			Mailing Address P.O. BOX 1101 TAMPA, FL 33601-1101 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 59-1933237				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
RIEGEL, ROBERT C/O TECH DATA CORPORATION 5350 TECH DATA DRIVE CLEARWATER, FL 33760			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 _____ (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. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIEDEL, ROBERT		NAME				
STREET ADDRESS	P.O. BOX 1101		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 336011101		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORSI, JOE		NAME				
STREET ADDRESS	P.O. BOX 1101		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 336011101		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YOUNG, LISA		NAME				
STREET ADDRESS	P.O. BOX 1101		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 336011101		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KOLMAN, MARK		NAME	FRIEBOLIN, ERIC			
STREET ADDRESS	P.O. BOX 1101		STREET ADDRESS	P.O. BOX 1101			
CITY-ST-ZIP	TAMPA, FL 336011101		CITY-ST-ZIP	TAMPA, FL 33601			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: 		ERIC P. Friebohn		2/13/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 813-864-0446			