


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90095 022 \*\*\*\*61.25

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<b>DOCUMENT # N93000000050</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1933237	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIEDEL, ROBERT C/O TECH DATA CORPORATION 5350 TECH DATA DRIVE CLEARWATER, FL 33760			7. Name and Address of New Registered Agent Name: <u>ERIK P. FRIEBOLIN</u> Street Address (P.O. Box Number is Not Acceptable): <u>606 HERITAGE PARK CT.</u> City: <u>VALERIO</u> FL Zip Code: <u>33594</u>		
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: <u>[Signature]</u>		(NOTE Registered Agent signature required when reinstating)		DATE: <u>1/12/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORSI, JOE		NAME	CORSI, JOE	
STREET ADDRESS	P.O. BOX 1101		STREET ADDRESS	PO BOX 1101	
CITY-ST-ZIP	TAMPA, FL 336011101		CITY-ST-ZIP	TAMPA, FL 33601	
TITLE	S	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, LISA		NAME	YOUNG, LISA	
STREET ADDRESS	P.O. BOX 1101		STREET ADDRESS	PO BOX 1101	
CITY-ST-ZIP	TAMPA, FL 336011101		CITY-ST-ZIP	TAMPA, FL 33601	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIEBOCIN, ERIK		NAME	FRIEBOLIN, ERIK	
STREET ADDRESS	P.O. BOX 1101		STREET ADDRESS	PO Box 1101	
CITY-ST-ZIP	TAMPA, FL 336011101		CITY-ST-ZIP	TAMPA, FL 33601	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LASSA, JONATHAN	
STREET ADDRESS			STREET ADDRESS	PO BOX 1101	
CITY-ST-ZIP			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		
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: <u>[Signature]</u>		Date: <u>1/12/07</u>		Daytime Phone #: <u>813-957-8215</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					