## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000001886

FILED Jul 06, 2006 Secretary of State

Entity Name: BLACK DATA PROCESSING ASSOCIATES - GREATER TAMPA BAY CHAPTER, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 

P.O. BOX 290355 P.O. BOX 47595 TAMPA, FL 33617 TAMPA, FL 33647

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 290355 P.O. BOX 47595 TAMPA, FL 33617 TAMPA, FL 33647

FEI Number: 59-3234751 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOZON, LESLIE MOZON, LESLIE A 4348 REDCOAT DRIVE 4348 REDCOAT DRIVE

WESLEY CHAPEL, FL 33543 WESLEY CHAPEL, FL 33543 US US

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: LESLIE A. MOZON 07/06/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Name:

Address:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete MOZON, LESLIE MOZON, LESLIE A Name: Name: 4348 READCOAT DRIVE Address: 4348 READCOAT DRIVE Address: City-St-Zip: WESLEY CHAPEL, FL 33647 City-St-Zip: WESLEY CHAPEL, FL 33543

Title: () Delete Title: (X) Change ( ) Addition

AUSTIN, CHERYL Name: JONES, MILTON Name: Address: 17622 NATHANS DRIVE Address: 519 NORTH LARRY CIRCLE

City-St-Zip: TAMPA, FL 33549 City-St-Zip: BRANDON, FL 33511

Title: () Delete Title: (X) Change ( ) Addition BRADLEY, TWANDA LORRAINE, WILDMAN Name: Name:

7927 PINE DRIVE 8336 GARRISON CIRCLE Address: Address: City-St-Zip: TAMPA, FL 33637 City-St-Zip: TAMPA, FL 33615

Title: () Delete Title: () Change () Addition

MOORE, ERNEST Name: 10003 KATIE COURT Address: City-St-Zip: TAMPA, FL 33647 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.

Ρ SIGNATURE: LESLIE A. MOZON 07/06/2006