

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 09, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N98000003604**

**1. Ent'ly Name**

**THE ASSOCIATION OF INFORMATION TECHNOLOGY  
PROFESSIONALS OF TAMPA, INC.**



**Principal Place of Business**

**P.O. BOX 23745  
TAMPA, FL 33623-3745**

**Mailing Address**

**P.O. BOX 23745  
TAMPA, FL 33623-3745**



**02042005 No Chg-NP**

**CR2E037 (10/03)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**59-6152362**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LIGNELL, SUE  
400 ISLAND WAY #1407  
CLEARWATER, FL 33767**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**1100000222619  
02/10/05-800009-010 61.25**

**10. OFFICERS AND DIRECTORS**

**TITLE D  
NAME SERIM, FEYZI  
STREET ADDRESS 5022 BRIDGETPORT DR.  
CITY- ST- ZIP SAFTY HARBOR, FL**

**TITLE D  
NAME SCOTT, TERRI  
STREET ADDRESS 12002 BREWSTER DR.  
CITY- ST- ZIP TAMPA, FL 33626**

**TITLE TD  
NAME VEATCH, MARSHALL  
STREET ADDRESS 614 SHADY NOOK DR  
CITY- ST- ZIP BRANDON, FL 335117973**

**TITLE PD  
NAME LIGNELL, SUE  
STREET ADDRESS 400 ISLAND WAY #1407  
CITY- ST- ZIP CLEARWATER, FL 33767**

**TITLE D  
NAME ILGEN, JOHN  
STREET ADDRESS 5813 MPERIAL KEY  
CITY- ST- ZIP TAMPA, FL 33626**

**TITLE SD  
NAME BROUGHTON, KAREN  
STREET ADDRESS 24234 TWIN LAKE DRIVE  
CITY- ST- ZIP LAND O LAKES, FL 34639**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

**MARSHALL VEATCH (Treasurer)**

**2/5/05 (813) 972-6197**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #