

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90036 039 ****61.25

DOCUMENT # N98000003604

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05032006

Chg-NP

CR2E037 (4/06)

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

7. Name and Address of New Registered Agent

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

Name **SUE LIGNELL**

Street Address (P.O. Box Number is Not Acceptable)

2542 EAGLES CROSSING Drive

City **Clearwater**

FL

Zip Code
33762

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 **Sue C. Lignell**

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

(NOTE: Registered Agent signature required when reinstating)

4/29/06

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ☐ Delete
NAME **D**
STREET ADDRESS **SERIM, FEYZI**
CITY-ST-ZIP **5022 BRIDGETPORT DR.
SAFTY HARBOR, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **Sue LIGNELL**
CITY-ST-ZIP **2542 Eagles Crossing Dr
Clearwater FL 33762**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Marshall Veatch** **MARSHALL VEATCH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/06 (813) 972-6197

Date

Daytime Phone #