
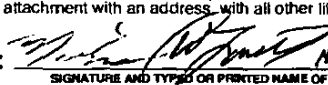


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90311 001 \*\*\*\*61.25

**50037000**

<b>DOCUMENT # N98000004062</b> 1. Entity Name <b>FLORIDA CHAPTER OF THE URBAN AND REGIONAL INFORMATION SYSTEMS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1597 62ND AVENUE NORTH ST. PETERSBURG, FL 33702</b>			Mailing Address <b>1597 62ND AVENUE NORTH ST. PETERSBURG, FL 33702</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0879737</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>DEANE, WILLIAM W 1597 62ND AVENUE NORTH ST. PETERSBURG, FL 33702</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>				DATE _____	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOVETT, MICHAEL <input type="checkbox"/> Delete 2301 MAITLAND CENTER PKWY, ST 300 MAITLAND, FL 32751				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANDHI, SANJIV <input type="checkbox"/> Delete PO BOX 4990 ORLANDO, FL 328024990				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALTER, WILLIAM <input type="checkbox"/> Delete 123 W. INDIANA AVE DELAND, FL 32720				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, PENNY <input type="checkbox"/> Delete 301 N OLIVE AVE WEST PALM BEACH, FL 33401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTSFIELD, LEE <input type="checkbox"/> Delete 301 S. MONROE ST TALLAHASSEE, FL 32301				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARVEY, BRIAN <input type="checkbox"/> Delete 6500 ALL AMERICAN BLVD ORLANDO, FL 32810				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>  <b>MICHAEL W. LOVETT</b> <span style="float: right;">2/10/05 321-297-6689</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					