

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000050

**Entity Name:** INFORMATION SYSTEMS AUDIT AND CONTROL  
ASSOCIATION, WEST FLORIDA CHAPTER, INC.

**FILED**  
**Mar 28, 2016**  
**Secretary of State**  
**CC0357810167**

**Current Principal Place of Business:**

8870 N. HIMES AVE  
STE 323  
TAMPA, FL 33614

**Current Mailing Address:**

8870 N. HIMES AVE  
STE 323  
TAMPA, FL 33614 US

**FEI Number: 59-1933237**

**Certificate of Status Desired: No**

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

CAMPBELL, JONATHAN D  
8870 N. HIMES AVE.  
STE.323  
TAMPA, FL 33614 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: JONATHAN CAMPBELL**

**03/28/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CAMPBELL, JONATHAN  
Address 8870 N. HIMES AVE  
STE 323  
City-State-Zip: TAMPA FL 33614

Title V  
Name MURPHY, KAMI  
Address 8870 N. HIMES AVE  
STE 323  
City-State-Zip: TAMPA FL 33614

Title T  
Name POTT, JASON  
Address 8870 N. HIMES AVE  
STE 323  
City-State-Zip: TAMPA FL 33614

*I hereby 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 all other like empowered.*

**SIGNATURE: JONATHAN CAMPBELL**

**PRESIDENT**

**03/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date