

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000009797

**FILED**  
**Mar 06, 2023**  
**Secretary of State**  
**6221748942CC**

**Entity Name:** CENTRAL FLORIDA CHAPTER OF THE INSTITUTE OF INTERNAL AUDITORS, INC.

**Current Principal Place of Business:**

C/O RANDY NUNLEY  
1958 RIVER PARK BLVD  
ORLANDO, FL 32817

**Current Mailing Address:**

C/O RANDY NUNLEY  
1958 RIVER PARK BLVD  
ORLANDO, FL 32817 US

**FEI Number: 23-7404517**

**Certificate of Status Desired: No**

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

MATISCIK, JENNIFER  
9945 MARSH POINTE DR  
ORLANDO, FL 32832 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: JENNIFER MATISCIK**

**03/06/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BRICE, MARK R  
Address 868 SWEETWATER ISLAND CIRCLE  
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR  
Name NUNLEY, RANDALL  
Address 1958 RIVER PARK BLVD  
City-State-Zip: ORLANDO FL 32817

Title VP, DIRECTOR  
Name BOWMAN, STEPHEN  
Address 903 LAKE LILY DR  
APT A417  
City-State-Zip: MAITLAND FL 32751

Title VP, DIRECTOR  
Name PADILLA, PAUL MICHAEL  
Address 13018 STODDART AVE  
City-State-Zip: ORLANDO FL 32827

Title TREASURER, DIRECTOR  
Name MATISCIK, JENNIFER  
Address 9945 MARSH POINTE DR  
City-State-Zip: ORLANDO FL 32832

Title PRESIDENT, DIRECTOR  
Name TAPIA, TRICIA  
Address 12288 FOLKLORE LANE  
City-State-Zip: ORLANDO FL 32832

Title VP, DIRECTOR  
Name BOUNDS, LORENA  
Address 10534 LANGEFIELD ST  
City-State-Zip: ORLANDO FL 32832

Title SECRETARY, DIRECTOR  
Name HARDY, ADAM  
Address 19 CRESCENT LAKE WAY  
City-State-Zip: ORMOND BEACH FL 32174

*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: JENNIFER MATISCIK**

**TREASURER**

**03/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date