

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000006241

**Entity Name:** GREATER FORT MYERS CHAPTER OF THE ASSOCIATION OF  
CERTIFIED FRAUD EXAMINERS INC**Current Principal Place of Business:**2870 LONE PINE LN  
NAPLES, FL 34119**Current Mailing Address:**P. O. BOX 61703  
FT MYERS, FL 33906 US**FEI Number: 85-1208253****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STRINGER FORENSICS LLC  
2870 LONE PINE LN  
NAPLES, FL 34119 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: SCOTT STRINGER

04/27/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	ASIFATU, SIKIRU
Address	P. O. BOX 61703
City-State-Zip:	FORT MYERS FL 33906

Title	SEC
Name	VEGA, JACKLYN
Address	P. O. BOX 61703
City-State-Zip:	FORT MYERS FL 33906

Title	D
Name	STEINBERG, BARBARA
Address	P. O. BOX 61703
City-State-Zip:	FORT MYERS FL 33906

Title	D
Name	D'ANNA, ANGELA
Address	P. O. BOX 61703
City-State-Zip:	FORT MYERS FL 33906

Title	VP
Name	STRINGER, SCOTT
Address	2879 LONE PINE LN
City-State-Zip:	NAPLES FL 34119

Title	D
Name	COHEN, PAUL
Address	P. O. BOX 61703
City-State-Zip:	FT MYERS FL 33906

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: SIKIRU A ASIFATU

PRESIDENT

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date