

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000523

FILED
May 01, 2005
Secretary of State

Entity Name: COUNTER FRAUD ALLIANCE, INC.

Current Principal Place of Business:

251 E HARRISON ST
TALLAHASSEE, FL 32301

New Principal Place of Business:

920 EAST PARK AVENUE
BLDG. E, SUITE 200
TALLAHASSEE, FL 32301

Current Mailing Address:

251 E HARRISON ST
TALLAHASSEE, FL 32301

New Mailing Address:

POST OFFICE BOX 16223
TALLAHASSEE, FL 32317

FEI Number: 05-0548735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARR, KEITH D
8131 BLOYS CT
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: ROUNDTREE, ROBERT II
Address: 3074 PALM PL
City-St-Zip: MARGATE, FL 33063

Title: DS () Delete
Name: VERGARA, ELIZABETH
Address: 425 LONG PINE DR
City-St-Zip: LAKE MARY, FL

Title: DT () Delete
Name: IVEY, WAYNE
Address: 500 W ROBINSON ST
City-St-Zip: ORLANDO, FL 32801

Title: ED () Delete
Name: CARR, KEITH D
Address: 8131 BLOYS CT
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KEITH D. CARR

ED

05/01/2005

Electronic Signature of Signing Officer or Director

Date