2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000762

FILED Apr 10, 2009 Secretary of State

Entity Name: FLORIDA EAST COAST CHAPTER OF THE INSTITUTE OF INTERNAL AUDITORS, INC.

Current Principal Place of Business: New Principal Place of Business: 7351 OFFICE PARK PLACE MELBOURNE, FL 32940 **Current Mailing Address: New Mailing Address:** 7351 OFFICE PARK PLACE MELBOURNE, FL 32940 FEI Number: 20-2228329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REYES, JILL RSM MCGLADREY, INC. 7351 OFFICE PARK PLACE MELBOURNE, FL 32940 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition REYES, JILL Name: Name: C/O 7351 OFFICE PARK PLACE Address: Address: MELBOURNE, FL 32940 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: BRIDGEMAN, RANDALL E Name: EWING, CLARA Address: 10280 SW STEPHANIE WAY #203 Address: C/O 7351 OFFICE PARK PLACE City-St-Zip: PORT SAINT LUCIE, FL 34987 City-St-Zip: MELBOURNE, FL 32940 Title: () Delete Title: () Change () Addition EWING, CLARA Name: Name: C/O 7351 OFFICE PARK PLACE Address: Address: City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: FLUTIE, RICHARD Name: C/O 1110 WEST HIBISCUS BLVD Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CLARA M EWING T 04/10/2009