

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008440

FILED  
Mar 17, 2009  
Secretary of State

**Entity Name:** INTERNAL AUDITING ACADEMIC ADVANCEMENT FUND, INC.

**Current Principal Place of Business:**

247 MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

247 MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 20-5370828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHARDS, DAVID A  
247 MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701 US

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

CHAMBERS, RICHARD F  
247 MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701 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: RICHARD CHAMBERS

03/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: NEWSOME, ROD  
Address: 2 ELGIN ROAD  
City-St-Zip: SUNNINGHILL, SOUTH AFRICA, 2157

Title: P (X) Delete  
Name: HOTZINGER, AL  
Address: 247 MAITLAND AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: C ( ) Delete  
Name: MILLER, PATRICIA K  
Address: 1111 BROADWAY SUITE 2100  
City-St-Zip: OAKLAND, CA 94607

Title: C ( ) Delete  
Name: WINTERS, RODERICK  
Address: ONE MICROSOFT WAY  
City-St-Zip: REDMOND, WA 98052

Title: T ( ) Delete  
Name: POLANSKY, DAVID  
Address: 247 MAITLAND AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S ( ) Delete  
Name: JOHNSON, VERONICA  
Address: 247 MAITLAND AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**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:

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 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: VERONICA JOHNSON

S

03/17/2009

Electronic Signature of Signing Officer or Director

Date