2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008640

FILED Mar 04, 2009 Secretary of State

Entity Name: TALLAHASSEE AREA CHAPTER, #16, OF THE ASSOCIATION OF CERTIFIED FRAUD EXAMINERS,

INC

Current Principal Place of Business: New Principal Place of Business:

3900 COMMONWEALTH BLVD TALLAHASSEE, FL 323993000

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 14745 TALLAHASSEE, FL 323174745

FEI Number: 59-3028665 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:

HUCK, LINDA 3900 COMMONWEALTH BLVD TALLAHASSEE, FL 323993000 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 RUSSO, MIKE Name: Name: 4030 ESPLANADE WAY Address: Address: City-St-Zip: TALLAHASSEE, FL 323990950 City-St-Zip: () Delete Title: Title: () Change () Addition CORNWELL, JOSEPH Name: Name: Address: 3900 COMMONWEALTH BLVD Address: City-St-Zip: TALLAHASSEE, FL 323993000 City-St-Zip: Title: () Delete Title: () Change () Addition BURCH, STEVEN Name: Name: 3900 COMMONWEALTH BLVD Address: Address: City-St-Zip: TALLAHASSEE, FL 32399 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: HUCK, LINDA Address: Address: 3900 COMMONWEALTH BLVD

Name: HUCK, LINDA
Address: 3900 COMMONWEALTH BLVD
City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32399

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 MCCAULEY, MARGUERITE

 Address:
 3900 COMMONWEALTH BLVD

 City-St-Zip:
 City-St-Zip:
 TALLAHASSEE, FL 32399

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: LINDA HUCK S 03/04/2009