

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22161

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** PALM BEACH COUNTY CHAPTER OF THE INSTITUTE OF INTERNAL AUDITORS, INC.

**Current Principal Place of Business:**

901 PENINSULA CORPORATE CIRCLE  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

901 PENINSULA CORPORATE CIRCLE  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 65-0004185      **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:**

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

PARKER, SCOTT C CIA  
901 PENINSULA CORPORATE CIRCLE  
C/O NCCI INTERNAL AUDIT DEPT.  
BOCA RATON, FL 33487 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:**

Title: P ( ) Delete  
Name: ANTHONY, MICHAEL B CPA  
Address: 6521 NW 57TH LANE  
City-St-Zip: PARKLAND, FL 33347

Title: V ( ) Delete  
Name: GRIFEL, STUART CIA,CGA  
Address: 21403 CAMPO AVENUE  
City-St-Zip: BOCA RATON, FL 33433

Title: S ( ) Delete  
Name: HO, HELENE  
Address: 1001 YAMATO ROAD  
City-St-Zip: BOCA RATON, FL 33431

Title: T ( ) Delete  
Name: PARKER, SCOTT C CIA  
Address: 901 PENINSULA CORPORATE CIRCLE  
City-St-Zip: BOCA RATON, FL 33487

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HO, HELENE B CPA  
Address: 1001 YAMATO ROAD  
City-St-Zip: BOCA RATON, FL 33431

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

Title: V (X) Change ( ) Addition  
Name: FRIAS, MARIA  
Address: 815 COLORADO AVENUE  
City-St-Zip: STUART, FL 34994

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

Title: S ( ) Change (X) Addition  
Name: BARONE, NICOLE  
Address: 5 EAST 11 STREET  
City-St-Zip: RIVIERA BEACH, FL 33404

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: SCOTT C. PARKER

T

05/04/2009

Electronic Signature of Signing Officer or Director

Date