## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N31708

May 07, 2010 Secretary of State

Entity Name: FLORIDA WEST COAST CHAPTER OF THE INSTITUTE OF INTERNAL AUDITORS, INCORPORATED

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

313 SOMERSET AVE.

SARASOTA, FL 34243 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 48854 TAMPA, FL 33646

FEI Number: 59-2951576 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:

DEL VECCHIO, KRISTINE 313 SOMERSET AVE. SARASOTA, FL 34243 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:**

MCCALL, ROBERT Name:

Address: 570 CARILLON PARKWAY MAIL DROP 230-W

City-St-Zip: ST. PETERSBURG, FL 33716

Title:

Name: KOLMAN, MARK Address: 601 E. KENNEDY BLVD. City-St-Zip: TAMPA, FL 33602

Title: VΡ

CASSELS, DARREN Name: Address: 1437 FOX CHAPEL DR. City-St-Zip: LUTZ, FL 33549

Title:

Name: MORELAND, SCOTT Address: 880 CARILLON PARKWAY City-St-Zip: ST. PETERSBURG, FL 33716

Title:

DEL VECCHIO, KRISTINE Name: 313 SOMERSET AVE. Address: City-St-Zip: SARASOTA, FL 34243 US

I hereby 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 all other like empowered.

SIGNATURE: KRISTINE DEL VECCHIO **TREA** 05/07/2010