

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N50560 (4)

1. Corporation Name

THE SOUTH FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF CERTIFIED FRAUD EXAMINERS



Principal Place of Business

Mailing Address

% LOU ANN BRECKENRIDGE  
4840 SW 135 PLACE  
MIAMI FL 33175

C/O BRECKENRIDGE, LOU ANN  
4840 SW 135TH PL  
MIAMI FL 33175  
US

3. Date Incorporated or Qualified

08/24/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

65-0163680

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

BRECKENRIDGE, LOUANN  
4840 SW 135TH PLACE  
MIAMI FL 33175

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME LUONGO, VINCENT  
STREET ADDRESS 935 TYLER ST.  
CITY-ST-ZIP HOLLYWOOD FL

11 TITLE ☐ Change ☒ Addition  
12 NAME CARROLL H. BAUM, CA, CPA, CFE  
13 STREET ADDRESS 4124 COCONUT CREEK  
14 CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE D ☐ DELETE  
NAME SEMMEL, LAWRENCE J.  
STREET ADDRESS 8041 NW 54 CT.  
CITY-ST-ZIP HOLLYWOOD FL

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME MANNING, GEORGE  
STREET ADDRESS 621 N. 70 AVE.  
CITY-ST-ZIP HOLLYWOOD FL

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME BRECKENRIDGE, LOUANN  
STREET ADDRESS 4840 SW 135TH PLACE  
CITY-ST-ZIP MIAMI FL 33175

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ST ☐ DELETE  
NAME JULSON, BILL  
STREET ADDRESS 10030 GRIFFIN ROAD  
CITY-ST-ZIP COOPER CITY FL 33328

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME CAPIZZI, JOHN  
STREET ADDRESS 1859 N. PINE ISLAND RD., #271  
CITY-ST-ZIP FT. LAUDERDALE FL 33322

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

954-  
776 5393

Daytime Phone #

CR2E037 (12/95)