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May 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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 33175C/O BRECKENRIDGE, LOU. ANN  
4840 SW 135TH PL  
MIAMI FL 33175-3850  
US3. Date Incorporated or Qualified  
08/24/19923a. Date of Last Report  
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number

65-0163680

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRECKENRIDGE, LOUANN  
4840 SW 135TH PLACE  
MIAMI FL 3317581 Name Gerald Fortner  
82 Street Address (P.O. Box Number is Not Acceptable)  
9771 NW 23 ct  
83 Coral Springs  
84 City  
85 Zip Code FL 33065

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

Gerald Fortner

Gerald Fortner

Secretary

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME LUONGO, VINCENT  
STREET ADDRESS 935 TYLER ST.  
CITY-ST-ZIP HOLLYWOOD FL1.1 TITLE President  
1.2 NAME Luongo Vincent  
1.3 STREET ADDRESS 935 Tyler St  
1.4 CITY-ST-ZIP Hollywood FLTITLE D  
NAME SEMMEL, LAWRENCE J.  
STREET ADDRESS 8041 NW 54 CT.  
CITY-ST-ZIP HOLLYWOOD FL2.1 TITLE D 1st Vice President/Director  
2.2 NAME CARROLL BAUM  
2.3 STREET ADDRESS 4124 Cocoplum Circle  
2.4 CITY-ST-ZIP COCONUT CREEK FL 33063TITLE VP  
NAME MANNING, GEORGE  
STREET ADDRESS 621 N. 70 AVE.  
CITY-ST-ZIP HOLLYWOOD FL3.1 TITLE 2nd Vice President  
3.2 NAME Janel L. Kenny U.S. Att.  
3.3 STREET ADDRESS 99 NE 4 street  
3.4 CITY-ST-ZIP Miami FL 33132TITLE P  
NAME BRECKENRIDGE, LOUANN  
STREET ADDRESS 4840 SW 135TH PLACE  
CITY-ST-ZIP MIAMI FL 331754.1 TITLE D Secretary/Director  
4.2 NAME Gerald Fortner  
4.3 STREET ADDRESS 9771 NW 23 ct  
4.4 CITY-ST-ZIP Coral Springs FL 33065TITLE ST  
NAME JULSON, BILL  
STREET ADDRESS 10030 GRIFFIN ROAD  
CITY-ST-ZIP COOPER CITY FL 333285.1 TITLE Treasurer  
5.2 NAME Keith Faust, Sr.  
5.3 STREET ADDRESS 9744 NW 5 ct  
5.4 CITY-ST-ZIP Coral Springs FL 33071TITLE D  
NAME CAPIZZI, JOHN  
STREET ADDRESS 1859 N. PINE ISLAND RD., #271  
CITY-ST-ZIP FT. LAUDERDALE FL 333226.1 TITLE D Director  
6.2 NAME Richard Luaces IRS/cid  
6.3 STREET ADDRESS 51 SW 1 ave Room 931  
6.4 CITY-ST-ZIP Miami FL 33130

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Gerald Fortner

4/20/97

954 356 7337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032908

CR2E037 (9/96)