2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N92000000591 **Secretary of State** 1. Entity Name 02-13-2006 90024 013 ****61.25 NATIONAL ASSOCIATION OF CERTIFIED FRAUD EXAMINERS, TAMPA BAY CHAPTER, INC. Principal Place of Business Mailing Address 111 2ND AVE NE 111 2ND AVE NE STE 1200 SAINT PETERSBURG FL 33701 STE 1200 SAINT PÉTERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address 111 2nd Ave. NE 111 2nd Ave. NE Suit Pte # 800 Suite Apt. # etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 59-3151735 St. Petersburg, F: St. Petersburg, FL Not Applicable \$8.75 Additional Country US 33701 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u> Eaura Krueger Brock</u> BROCK, LAURA K 111 2ND AVE NE Street Address (P.O. Box Number is Not Acceptable) STE 1200 Suite 800 SAINT PETERSBURG FL 33701 St. Peters<u>burg</u> 33701 8. 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. I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11 Addition TITLE D Delete THUE ☐ Change BOYTIM, WAYNE NAME NAME Mark Dubina 306 E JACKSON STREET SUITE 7E STREET ADDRESS STREET ADDRESS 4211 North Lois Avenue TAMPA FL 33602 CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33614 X Detete ▼ Addition TITLE TITLE BORJAS, PENNY NAME NAME Christine D5ver 8702 CHRISTI COURT STREET ADDRESS STREET ADDRESS 4104 Interlake Drive TAMPA FL 33637 CITY-ST-7IP CITY-ST-ZIP Tampa, - FL -33624 TITLE K Change ☐ Addition □ Delete NAME HOOPER, STEVE NAME PO BOX 1110 STREET ADDRESS STREET ADDRESS **TAMPA FL 36110** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete RODRIGUEZ, ROLAND CFE NAME NAME Kara Preston P.O BOX 31590, FL1-007-17-05 STREET ADDRESS STREET ADDRESS 455 North Broadway CITY-ST-ZIP TAMPA FL 33631 CITY-ST-7IP Bartow, FL 33830 √ Change ☐ Delete Addition TITLE BROCK, LAURA NAME NAME 111 Second Avenue, Suite 800 111 SECOND AVENUE NE STE 1200 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33701 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE WILCOX, ELLEN SUE NAME NAME 4211 N. LOIS AVE. STREET ADDRESS STREET ADDRESS **TAMPA FL 33614** CITY-ST-ZIP

FILED

Feb 13, 2006 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Auch Kru Legal Biock 1/31/06 12 7-822