


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90016 020 \*\*\*\*61.25

<b>DOCUMENT #</b> N92000000591	
<b>1. Entity Name</b> NATIONAL ASSOCIATION OF CERTIFIED FRAUD EXAMINERS, TAMPA BAY CHAPTER, INC.	

<b>Principal Place of Business</b> 111 2ND AVE NE STE 800 SAINT PETERSBURG FL 33701 US	<b>Mailing Address</b> 111 2ND AVE NE STE 800 SAINT PETERSBURG FL 33701 US
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<b>2. Principal Place of Business - No P.O. Box #</b> 12276 106th Ave N	<b>3. Mailing Address</b> 12276 106th Ave N
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> SEMINOLE, FL	<b>City &amp; State</b> SEMINOLE, FL
<b>Zip</b> 33778	<b>Zip</b> 33778
<b>Country</b> USA	<b>Country</b> USA



1st MOORE CR2E037 (10/06)

<b>4. FEI Number</b> 59-3151735	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> BROCK, LAURA K 111 2ND AVE NE STE 800 SAINT PETERSBURG FL 33701
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<b>7. Name and Address of New Registered Agent</b> Name: LAURA KRUEGER BROCK Street Address (P.O. Box Number is Not Acceptable): 12276 106th Ave N City: SEMINOLE FL Zip Code: 33778
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**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.**

**SIGNATURE** LAURA KRUEGER BROCK *Laura Krueger Brock* 2/25/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> D	<b>NAME</b> DUBINA, MARK <b>STREET ADDRESS</b> 4211 N LOIS AVE <b>CITY-ST-ZIP</b> TAMPA FL 33614	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VP	<b>NAME</b> DEVER, CHRISTINE <b>STREET ADDRESS</b> 4104 INTERLAKE DR <b>CITY-ST-ZIP</b> TAMPA FL 33624	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> P	<b>NAME</b> HOOPER, STEVE <b>STREET ADDRESS</b> PO BOX 1110 <b>CITY-ST-ZIP</b> TAMPA FL 36110	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> S	<b>NAME</b> PRESTON, KARA <b>STREET ADDRESS</b> 455 N BROADWAY <b>CITY-ST-ZIP</b> BARTOW FL 33830	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> T	<b>NAME</b> BROCK, LAURA <b>STREET ADDRESS</b> 111 2ND AVE, STE 800 <b>CITY-ST-ZIP</b> SAINT PETERSBURG FL 33701	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> WILCOX, ELLEN SUE <b>STREET ADDRESS</b> 4211 N. LOIS AVE. <b>CITY-ST-ZIP</b> TAMPA FL 33614	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> WILLIAM H. MILES <b>STREET ADDRESS</b> 5015 S. FLORIDA AVE, SUITE 220 <b>CITY-ST-ZIP</b> LAKELAND, FL 33813	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> 12276 106th Ave N. <b>STREET ADDRESS</b> SEMINOLE, FL 33778	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** LAURA KRUEGER BROCK *Laura Krueger Brock* 2/25/2007 (727) 329-1800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Certificate Phone #