

**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

**DOCUMENT # N92000000591**  
1. Entity Name  
**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 800 STE 800  
SAINT PETERSBURG FL 33701 SAINT PETERSBURG FL 33701  
US US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
*12276 106th Ave N* *12276 106th Ave N*  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
*Seminole, FL* *Seminole, FL*  
Zip Country Zip Country  
*33778* *USA* *33778* *USA*

  
1st MOORE CR2E037 (10/06)  
4. FEI Number 59-3151735 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BROCK, LAURA K**  
111 2ND AVE NE  
STE 800  
SAINT PETERSBURG FL 33701

7. Name and Address of New Registered Agent  
Name *LAURA KRUEGER BROCK*  
Street Address (P.O. Box Number is Not Acceptable)  
*12276 106th Ave N*  
City *Seminole* FL Zip Code *33778*

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DUBINA, MARK	
STREET ADDRESS	4211 N LOIS AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEVER, CHRISTINE	
STREET ADDRESS	4104 INTERLAKE DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOOPER, STEVE	
STREET ADDRESS	PO BOX 1110	
CITY-ST-ZIP	TAMPA FL 36110	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PRESTON, KARA	
STREET ADDRESS	455 N BROADWAY	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROCK, LAURA	
STREET ADDRESS	111 2ND AVE, STE 800	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILCOX, ELLEN SUE	
STREET ADDRESS	4211 N. LOIS AVE.	
CITY-ST-ZIP	TAMPA FL 33614	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM H. MILES	
STREET ADDRESS	5015 S. FLORIDA AVE, SUITE 220	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12276 106th Ave N.	
CITY-ST-ZIP	SEMINOLE, FL 33778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Cayman Phone #