

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90052 021 ****61.25



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

Principal Place of Business Mailing Address
 12276 106TH AVE N 12276 106TH AVE N
 SEMINOLE FL 33778 SEMINOLE FL 33778
 US US



2. Principal Place of Business - No P.O. Box #
13577 Feather Sound DR.
 Suite, Apt. #, etc.
Suite 400

3. Mailing Address
13577 Feather Sound DR.
 Suite, Apt. #, etc.
Suite 400

City & State
Clearwater, Florida

City & State
Clearwater, Florida

4. FEI Number **59-3151735** Applied For
 Not Applicable

Zip
33762

Country
Pinellas

Zip
33762

Country
Pinellas

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BROCK, LAURA K
12276 106TH AVE N
SEMINOLE FL 33778

7. Name and Address of New Registered Agent
 Name **LAURA KRUEGEL BROCK**
 Street Address (P.O. Box Number is Not Acceptable)
13577 Feather Sound DR.
 Suite 400
 City **Clearwater** FL Zip Code **33762**

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 Kruegel Brock* DATE **4/7/08**
Signature, typed or printed name, of registered agent and title (if applicable). (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP | D DUBINA, MARK 4211 N LOIS AVE TAMPA FL 33614 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DEVER, CHRISTINE 4104 INTERLAKE DR TAMPA FL 33624 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOOPER, STEVE PO BOX 1110 TAMPA FL 36110 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MILES, WILLIAM J 5015 S FLORIDA AVE SUITE 220 LAKELAND FL 33813 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BROCK, LAURA 12276 106TH AVE N SEMINOLE FL 33778 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILCOX, ELLEN SUE 4211 N. LOIS AVE. TAMPA FL 33614 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY CLARK J. Bolton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1111 Wellington Way SAFETY HARBOR, FL 34696 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 Kruegel Brock* **TREASURER** DATE **4/7/08** **727-572-1400**