

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000591

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF CERTIFIED FRAUD EXAMINERS, TAMPA BAY CHAPTER, INC.

**Current Principal Place of Business:**

13577 FEATHER SOUND DR  
STE. 400  
CLEARWATER, FL 33762 US

**New Principal Place of Business:**

**Current Mailing Address:**

13577 FEATHER SOUND DR  
STE. 400  
CLEARWATER, FL 33762 US

**New Mailing Address:**

**FEI Number:** 59-3151735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROCK, LAURA  
13577 FEATHER BOUND DR.  
STE. 400  
CLEARWATER, FL 33762 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DUBINA, MARK  
Address: 4211 N LOIS AVE  
City-St-Zip: TAMPA, FL 33614

Title: P ( ) Delete  
Name: DEVER, CHRISTINE  
Address: 4104 INTERLAKE DR  
City-St-Zip: TAMPA, FL 33624

Title: VP ( ) Delete  
Name: HOOPER, STEVE  
Address: PO BOX 1110  
City-St-Zip: TAMPA, FL 36110

Title: S ( ) Delete  
Name: BOLTON, CLARK J  
Address: 1111 WELLINGTON WAY  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T ( ) Delete  
Name: BROCK, LAURA  
Address: 12276 106TH AVE N  
City-St-Zip: SEMINOLE, FL 33778

Title: D ( ) Delete  
Name: WILCOX, ELLEN SUE  
Address: 4211 N. LOIS AVE.  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DUBINA, MARK  
Address: 1101 CHANNELSIDE DRIVE  
City-St-Zip: TAMPA, FL 33602

Title: VP (X) Change ( ) Addition  
Name: DEVER, CHRISTINE  
Address: 4104 INTERLAKE DR  
City-St-Zip: TAMPA, FL 33624

Title: P (X) Change ( ) Addition  
Name: HOOPER, STEVE  
Address: PO BOX 1110  
City-St-Zip: TAMPA, FL 36110

Title: D (X) Change ( ) Addition  
Name: MILES, WILLIAM  
Address: 5015 SOUTH FLORIDA AVE, SUITE 220  
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: WILCOX, ELLEN SUE  
Address: 4211 N. LOIS AVE.  
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA KRUEGER BROCK

T

01/15/2009

Electronic Signature of Signing Officer or Director

Date