

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000668 (4)

1. Corporation Name

TALLAHASSEE CHAPTER OF THE INSTITUTE OF INTERNAL
AUDITORS, INC.



Principal Place of Business

Mailing Address

P O BOX 10049
TALLAHASSEE FL 32302-2049

P O BOX 10049
TALLAHASSEE FL 32302-2049

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

02/01/1993

3a. Date of Last Report

10/18/1995

4. FEI Number

59-3093907

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYD, JAMES D
6924 TOMY LEE TRAIL
TALLAHASSEE FL 32308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME DEETTE, PREACHER
STREET ADDRESS 2103 THE CAPITOL
CITY-ST-ZIP TALLAHASSEE FL 32399-0350

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME REESE, LARRY
STREET ADDRESS 416 WESTCOTT BUILDING FSU
CITY-ST-ZIP TALLAHASSEE FL 32306-2042

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ~~BY TREASURER~~ ☐ DELETE
NAME BOYD, JAMES D
STREET ADDRESS 6924 TOMY LEE TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32308

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME MELTON, JULIE
STREET ADDRESS 1003 THE CAPITOL
CITY-ST-ZIP TALLAHASSEE FL 32399-0810

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ALEXANDER, RENE
STREET ADDRESS 1323 WINDWOOD BLVD., E-304
CITY-ST-ZIP TALLAHASSEE FL 32399-6570

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME O'NEIL, JOSEPH T
STREET ADDRESS 720 VONCILE AVE
CITY-ST-ZIP TALLAHASSEE FL 32303

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James D. Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-96 (904) 488-6750

Date

Daytime Phone #

CR2E037 (12/95)