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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

3. Date Incorporated or Qualified: 02/01/1993
3a. Date of Last Report: 03/22/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

BOYD, JAMES D
6924 TOMY LEE TRAIL
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: LAWRENCE, FRED S
82 Street Address (P.O. Box Number is Not Acceptable): 200 GLENVIEW DR
83
84 City: TALLAHASSEE **FL** 85 Zip Code: 32303-4822

11. Pursuant to the provisions of Sections 617.0503 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] 4/9/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	DEETTE, PREACHER		1.2 NAME	REESE, LARRY	
STREET ADDRESS	2103 THE CAPITOL		1.3 STREET ADDRESS	416 A-2201 UNIVERSITY Center	
CITY-ST-ZIP	TALLAHASSEE FL 32399-0350		1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32306-1027	
TITLE	V	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	REESE, LARRY		2.2 NAME	JOEL JARRETT	
STREET ADDRESS	416 WESTCOTT BUILDING FSU		2.3 STREET ADDRESS	325 W. GAINES ST RM 824	
CITY-ST-ZIP	TALLAHASSEE FL 32306-2042		2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32399-0350	
TITLE	T	☒ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	BOYD, JAMES D		3.2 NAME	LAWRENCE, FRED S	
STREET ADDRESS	6924 TOMY LEE TRAIL		3.3 STREET ADDRESS	200 GLENVIEW DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303-4822	
TITLE	S	☒ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	MELTON, JULIE		4.2 NAME	MOUDRY, CHARLES	
STREET ADDRESS	1003 THE CAPITOL		4.3 STREET ADDRESS	725 S BRONOUGH ST	
CITY-ST-ZIP	TALLAHASSEE FL 32399-0810		4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32399-1036	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ALEXANDER, RENEA		5.2 NAME	JOE MALESZEWSKI	
STREET ADDRESS	1323 WINDWOOD BLVD., E-304		5.3 STREET ADDRESS	605 Suwannee ST MS 44	
CITY-ST-ZIP	TALLAHASSEE FL 32399-6570		5.4 CITY-ST-ZIP	Tallahassee, FL 32399-0450	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	O'NEIL, JOSEPH T		6.2 NAME	~~[illegible]~~ GLENDA OSTRANDER	
STREET ADDRESS	720 VONCILE AVE		6.3 STREET ADDRESS	2957 W Pensacola ST	
CITY-ST-ZIP	TALLAHASSEE FL 32303		6.4 CITY-ST-ZIP	Tallahassee FL 32304	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 4/9/97