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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000000668**

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 (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 02/01/1993

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

9. Name and Address of Current Registered Agent

LAWRENCE, FREDS
200 GLENVIEW DR
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: Judy Goodman
82 Street Address (P.O. Box Number is Not Acceptable): 605 Suwannee ST MS 44
83: effective 5/1/99
84 City: TALL FL 85 FL Zip Code: 32399-0450

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: Fred S Lawrence — 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		☒ Change ☐ Addition
NAME	GREENE, JOHN		1.2 NAME	JIM Boyd	
STREET ADDRESS	325 W GAINES ST RM 824		1.3 STREET ADDRESS	1500 S. DUVAL ST	
CITY-ST-ZIP	TALLAHASSEE FL 32399-6557		1.4 CITY-ST-ZIP	32399-1925	
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	JARRETT, JOEL		2.2 NAME	MELINDA MIGUEL	
STREET ADDRESS	325 W GAINES ST RM 824		2.3 STREET ADDRESS	125 S BRONOUGH ST RM 210C	
CITY-ST-ZIP	TALLAHASSEE FL 32399-6557		2.4 CITY-ST-ZIP	32399-1018	
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	LAWRENCE, FREDS		3.2 NAME	Judy Goodman	
STREET ADDRESS	200 GLENVIEW DR		3.3 STREET ADDRESS	605 Suwannee ST MS 44	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	32399-0450	
TITLE	S	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	BELCHER, MARSHA		4.2 NAME	Angela Layfield	
STREET ADDRESS	2940 E PARK AVE 2ND FL		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32399-0800		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, KATHY		5.2 NAME		
STREET ADDRESS	2600 BLAIRSTONE RD MS-40		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32399-2400		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JORDAN, EDGAR		6.2 NAME		
STREET ADDRESS	2900 APALACHEE PKWY B440		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32399-6552		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99 — Date

8504148369 — Daytime Phone #