2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N93000000668



1. Entity Name TALLAHASSEE CHAPTER OF THE INSTITUTE OF INTERNAL AUDITORS, INC.							03-03-200	4 90024	037 ****	61.25
Principal Place of Business Mailing Address P O BOX 10049 TALLAHASSEE, FL 32302-2049 TALLAHASSEE, FL 32302-					9					
Principal Place of Business 3. Mailing Address					_					
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			03012004	Chg-NP	CR2E0	37 (10/03)	
City & State		City & State			4. FEI Number 59-30939	907			oplied For ot Applicable	
Zip	Country		Zip Counti		ntry	5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	— 6.∓Name a	and Address of Current F	7.: Name and Address of New Registered Agent							
AITA, JOSEPH					Name Jo	hn m. Fr	anco			
6035 RICHFARM ROAD					Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE, FL 32317					325 W.	Gaines St	Turlington	~ 12-2	-4	
				ŀ	City Talla			FL	Zip Cod	e 3.00
8. The above	named entity	submits this statement for	the purpose of changing its	registere	d office or registe	red agent or both	in the State of Flo		familiar with	- ≤ 59 and accept
the obligat	ions of registe	red agent.	,		o omoo or rogical	orda agom, or bom,	uno otato or r		101711101 17101,	and accept
SOMETIME John M. Franco										
SIGNATURE	Stanstore to A	r printed name of registered agent a			3/1/	04				
	r Signature, types of	i bingeo name or adizteran stierit s	nd title ir applicable. (NO:	E: Registered	Agent_signature require	ed when reinstating)		DATE		
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12. 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 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: _

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 03, 2004 8:00 am Secretary of State