# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 03, 2004 8:00 am**
**Secretary of State**
03-03-2004 90024 037 ****61.25

DOCUMENT # N93000000668

1. Entity Name
TALLAHASSEE CHAPTER OF THE INSTITUTE OF INTERNAL AUDITORS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 10049<br>TALLAHASSEE, FL 32302-2049 | P O BOX 10049<br>TALLAHASSEE, FL 32302-2049 |

03012004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3093907 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

AITA, JOSEPH
6035 RICHFARM ROAD
TALLAHASSEE, FL 32317

**7. Name and Address of New Registered Agent**

Name John M. Franco
Street Address (P.O. Box Number is Not Acceptable)
325 W. Gaines St Turlington 1224
City Tallahassee **FL** Zip Code 32399

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John M. Franco 3/1/04
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>AITA, JOSEPH<br>6035 RICH FARM RD<br>TALLAHASSEE, FL 32317 | ☒ Delete | T<br>John M. Franco<br>325 W. Gaines St Turlington 1224<br>Tallahassee, FL 32399 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>OSTRANDER, GLENDA<br>2757 W PENSACOLA ST (LEON CO SCHOOLS<br>TALLAHASSEE, FL 323042993 | ☐ Delete | VP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MCLURG, RANSOM<br>3454 PACE FERRY ROAD<br>TALLAHASSEE, FL 32308 | ☒ Delete | P<br>Melinda Miguel, Inspector General<br>FL Atty Gen Ofic, The Capitol<br>Tallahassee, FL 32399 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>THOMAS, JIM<br>THE CAPITOL RM 2103 (OFF OF THE GOV)<br>TALLAHASSEE, FL 323990001 | ☒ Delete | VP<br>Laure Boyd<br>325, W. Gaines St Turlington 1224<br>Tallahassee FL 32399 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PARKER, MARTHA<br>674 CLAUDE PEPPER BLDG 111 W MADISON ST<br>TALLAHASSEE, FL 323991450 | ☐ Delete | D<br>James Maxwell<br>325 W. Gaines St Turlington 1224<br>Tallahassee, FL 32399 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>FITZPATRICK, VALERIE<br>5158 ILE DE FRANCE<br>TALLAHASSEE, FL 323085806 | ☐ Delete | S<br>Joel Jarrett<br>111 S. Monroe St<br>Tallahassee, FL 32301 | ☐ Change ☒ Addition |

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:** John M. Franco 3/1/04 245-9416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #