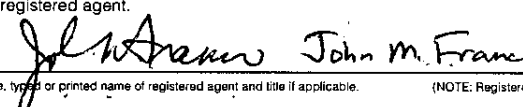
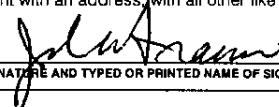


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 P O BOX 10049 TALLAHASSEE, FL 32302-2049			Mailing Address P O BOX 10049 TALLAHASSEE, FL 32302-2049		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03012004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3093907	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AITA, JOSEPH 6035 RICHFARM ROAD TALLAHASSEE, FL 32317			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 AITA, JOSEPH ☒ Delete 6035 RICH FARM RD TALLAHASSEE, FL 32317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☐ Change ☒ Addition John M. Franco 325 W. Gaines St Turlington 1224 Tallahassee, FL 32399	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete OSTRANDER, GLENDA 2757 W PENSACOLA ST (LEON CO SCHOOLS TALLAHASSEE, FL 323042993		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☒ Change ☐ Addition VP VP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Delete MCLURG, RANSOM 3454 PACE FERRY ROAD TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Change ☒ Addition Melinda miguel, Inspector General FL Atty Gen Ofc. The Capitol Tallahassee, FL 32399	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete THOMAS, JIM THE CAPITOL RM 2103 (OFF OF THE GOV) TALLAHASSEE, FL 323990001		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Change ☒ Addition Laure Boyd 325 W. Gaines St Turlington 1224 Tallahassee FL 32399	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete PARKER, MARTHA 674 CLAUDE PEPPER BLDG 111 W MADISON ST TALLAHASSEE, FL 323991450		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition James Maxwell 325 W. Gaines St Turlington 1224 Tallahassee, FL 32399	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Delete FITZPATRICK, VALERIE 5158 ILE DE FRANCE TALLAHASSEE, FL 323085806		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☐ Change ☒ Addition Joel Jarrett 111 S. Monroe St Tallahassee, FL 32301	
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:  3/1/04 245-9416 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					