2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006
Secretary of State

DOCUMENT# N93000000668

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

Current Principal Place of Business:

P O BOX 10049
TALLAHASSEE, FL 323022049

New Principal Place of Business:

Current Mailing Address:

P O BOX 10049
TALLAHASSEE, FL 323022049

New Mailing Address:

FEI Number: 59-3093907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANCO, JOHN M
325 W GAINES ST
TURLINGTON `1224
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	FRANCO, JOHN M	
Address:	325 W GAINES ST. TURLINGTON 1224	
City-St-Zip:	TALLAHASSEE, FL 32399	
Title:	V	( ) Delete
Name:	OSTRANDER, GLENDA	
Address:	2757 W PENSACOLA ST (LEON CO SCHOOLS	
City-St-Zip:	TALLAHASSEE, FL 323042993	
Title:	P	( ) Delete
Name:	MIGUEL, MELINDA	
Address:	FL ATTY GEN OFFICE THE CAPITOL	
City-St-Zip:	TALLAHASSEE, FL 32399	
Title:	V	( ) Delete
Name:	BOYD, LAURE	
Address:	325 W GAINES ST TURLINGTON 1224	
City-St-Zip:	TALLAHASSEE, FL 32399	
Title:	D	( ) Delete
Name:	PARKER, MARTHA	
Address:	674 CLAUDE PEPPER BLDG 111 W MADISON ST	
City-St-Zip:	TALLAHASSEE, FL 323991450	
Title:	VP	( ) Delete
Name:	FITZPATRICK, VALERIE	
Address:	5158 ILE DE FRANCE	
City-St-Zip:	TALLAHASSEE, FL 323085806	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	OSTRANDER, GLENDA	
Address:	2757 W PENSACOLA ST (LEON CO SCHOOLS	
City-St-Zip:	TALLAHASSEE, FL 323042993	
Title:	D	(X) Change ( ) Addition
Name:	MIGUEL, MELINDA	
Address:	FL ATTY GEN OFFICE THE CAPITOL	
City-St-Zip:	TALLAHASSEE, FL 32399	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	HIXSON, DAN	
Address:	FSU OFFICE OF AUDIT SERVICES	
City-St-Zip:	TALLAHASSEE, FL 32306	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. FRANCO T 01/18/2006

Electronic Signature of Signing Officer or Director — Date