2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/10/2007-90002-005-$61.25-$61.25

DOCUMENT # N93000000668

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

FILED
07 OCT 17 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

08292007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Attorney General's Office	
Suite, Apt. #, etc. Collins Bldg., 107 W. Gaines St.	Suite, Apt. #, etc.
City & State Tallahassee, Fl	City & State
Zip 32301 Country USA	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	7. Name and Address of New Registered Agent
FRANCO, JOHN M 325 W GAINES ST TURLINGTON 1224 TALLAHASSEE, FL 32399	Name: Susan O'Connell Street Address (P.O. Box Number is Not Acceptable): OAG / Office of Inspector General PL-01, The Capitol City: Tallahassee FL Zip Code: 32399-1050

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: Susan O'Connell Susan O'Connell, Treasurer 9-6-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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 FRANCO, JOHN M 325 W GAINES ST. TURLINGTON 1224 TALLAHASSEE, FL 32399	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Susan O'Connell OAG/Office of Inspector General PL-01, The Capitol Tallahassee, Fl 32399-1050	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OSTRANDER, GLENDA 2757 W PENSACOLA ST (LEON CO SCHOOLS TALLAHASSEE, FL 323042993	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Stephanie Allen FDOT, 605 Suwannee St. MS 44 Tallahassee, Fl 32399-0450	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIGUEL, MELINDA FL ATTY GEN OFFICE THE CAPITOL TALLAHASSEE, FL 32399	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Stephanie Sgouros 227 N. Bronough St. Ste. 5000 Tallahassee, Fl 32301-1329	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BOYD, LAURE 325 W GAINES ST TURLINGTON 1224 TALLAHASSEE, FL 32399	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Past President Laura Boyd Office of the Governor, The Capitol Rm. 2102 Tallahassee, Florida 32399-0001	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, MARTHA 674 CLAUDE PEPPER BLDG 111 W MADISON ST TALLAHASSEE, FL 323991450	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M 10/19	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HIXSON, DAN FSU OFFICE OF AUDIT SERVICES TALLAHASSEE, FL 32306	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Daniel Hixson FDOT, 605 Suwannee St. MS 44 Tallahassee, Fl 32399-0450	☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Susan O'Connell Treasurer (Susan O'Connell) 9-24-07 850-414-3536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #