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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000791 (4)

1. Corporation Name

NATIONAL ASSOCIATION OF CERTIFIED FRAUD EXAMINER
S. CENTRAL FLORIDA CHAPTER, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/22/1993	3a. Date of Last Report 08/26/1994
4. FBI Number 59-3190316	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

Principal Place of Business		Mailing Address	
1189 PARK AVE N. WINTER PARK FL 32789		1189 PARK AVE N. WINTER PARK FL 32789	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country		
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent
TAYLOR JUDITH A
7808 DUNSTABLE CIRCLE
ORLANDO FL 32817
CAROLE GREGOR
1225 WHISPERING WINDS CT.
APOPKA FL.
32703

10. Name and Address of New Registered Agent
81 Name
ANTHONY LANGONE
82 Street Address (P.O. Box Number is Not Acceptable)
1189 PARK AVE. NORTH
83 City
WINTER PARK FL
84 Zip Code
32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Carole Gregor DATE 6/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LANGONE, ANTHONY, SECRETARY
STREET ADDRESS	1189 PARK AVE NORTH
CITY - ST - ZIP	WINTER PARK FL 32789
TITLE	VD
NAME	GREGOR, CAROLE, SECRETARY
STREET ADDRESS	1225 WHISPERING WINDS CT
CITY - ST - ZIP	APOPKA FL 32703
TITLE	STD
NAME	WILSON, JEAN J.
STREET ADDRESS	7008 NASHUA LN
CITY - ST - ZIP	ORLANDO FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	Winter Park
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	GREGOR, CAROLE
2.3 STREET ADDRESS	1225 WHISPERING WINDS CT
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	STD
3.3 STREET ADDRESS	CHRIS BORIS
3.4 CITY - ST - ZIP	2831 Springfield Dr. Orlando FL 32818
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	300001530963
4.4 CITY - ST - ZIP	-07/06/95--01063--010
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	****155.00 ****155.00
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: Carole Gregor DATE 6/7/95 (407) 246-2082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROLE GREGOR