FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

Principal Place of Business

N9300000791 (4)

Mailing Address

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

1189 PARK A WINTER PARK		1189 PARK AVE N. WINTER PARK FL 32789		C Pale Income and a Continue	
 				3. Date Incorporated or Qualified 03/22/1993	3a. Date of Last Report 07/03/1995
Principal Place of Business Total		2a. Mailing Address	min alle	4. FEI Number 59-3190316	Applied For
Suite, Apt. #	i, etc.	26 1225 WHISE Suite, Apt. #, etc.	eras wind	S QF 39-3 1903 10	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		28 APOPKA	<i>‡</i> /	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	722202	Country	8. This corporation has liability for in	tangible tax under s. 199.032,
24	25 9. Name and Address of Curre		0		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81. Name					
CAPOLE OPECOD A					
	IISPERING WINDS CT		82 Street A	ddress (P.O. Box Number is Not Acceptable	3)
APOPKA	FL 32703		83		
			84 City		85 Zip Code
					FL
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE Suprature, typed or printed name of registered agent, and tide if applicable (NOTE, Registered Agent signature required when reinstating) DATE					
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
THILE	PD	DELETE	1 1 TITLE		Change Addition
NAME	LANGONE, ANTHONY, JUDITI	H A	1 2 NAME		
STREET ADDRESS	1189 PARK AVE NORTH WINTRE PARK FL 32789		1 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VD VD	DELETE	14 CITY-ST-ZIP 21 TITLE		☐ Change ☐ Addition
NAME	GREGOR,, CAROLE V		2 2 NAME		Change Addition
STREET ADDRESS	1225 WHISPERING WINES C	T	2 3 STREET ADDRESS		
CITY - ST - ZIP	APOPKA FL 32703		2 4 CITY-ST-ZIP		
TIFLE	STD	DELETE	3.1 TITLE		Change Addition
NAME	BORIS, CHRIS J		3 2 NAME		
STREET ADORESS	2731 SPRINGFIELD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32818		3 4. C(TY - S1 - ZIP		
TITLE		DELETE	4 1 TIFLE		Change Addition
NAME CANCEL ADORESCE			4 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4 3 STREET ADDRESS		
TITLE		DELETE	4 4 CITY - ST - ZIP 5 1 TITLE		Change Addition
NAME			5 2 NAME		E change
STREET ADDRESS			5 3 STREET ADDRESS		j
CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		- -
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 (407):246-2082 Daytime Phone #

CR2E037 (12/95)