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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000791 (4)**

1. Corporation Name

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



Principal Place of Business

Mailing Address

**1189 PARK AVE N.
WINTER PARK FL 32789**

**1225 WHISPERING WINDS COURT
APOPKA FL 32703-3702
US**

3. Date Incorporated or Qualified
03/22/1993

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI 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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAROLE, GREGOR *X*
1225 WHISPERING WINDS CT
APOPKA FL 32703**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LANGONE, ANTHONY, JUDITH A	
STREET ADDRESS	1189 PARK AVE NORTH	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREGOR, CAROLE <i>X</i>	
STREET ADDRESS	1225 WHISPERING WINDS CT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BORIS, CHRIS J	
STREET ADDRESS	2731 SPRINGFIELD DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steve Lukashik	
1.3 STREET ADDRESS	1208 Sunshine Tree Blvd.	
1.4 CITY-ST-ZIP	Longwood #1, 32779-2731	
2.1 TITLE	Sec. Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAROL S. GREGOR	
2.3 STREET ADDRESS	1225 WHISPERING WINDS CT.	
2.4 CITY-ST-ZIP	APOPKA, FL 32703	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Silvio Chariovsky	
3.3 STREET ADDRESS	7041 Grand Nat. Drive #211	
3.4 CITY-ST-ZIP	Orlando #1 32819	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carole Gregor* **CAROLE GREGOR** 1/6/97 (407) 296-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012675

CR2E037 (9/96)