


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000000791 (4)</b>			
1. Corporation Name <b>NATIONAL ASSOCIATION OF CERTIFIED FRAUD EXAMINER S, CENTRAL FLORIDA CHAPTER, INC.</b>			
Principal Place of Business <b>1189 PARK AVE N. WINTER PARK FL 32789</b>		Mailing Address <b>1225 WHISPERING WINDS COURT APOPKA FL 32703 US</b>	
2. Principal Place of Business <b>21 1225 WHISPERING WINDS CT.</b>		2a. Mailing Address <b>26 Suite, Apt. #, etc.</b>	
City & State <b>23 APOPKA FL</b>		City & State <b>28</b>	
Zip <b>24 32703</b>		Country <b>25 US</b>	
9. Name and Address of Current Registered Agent <b>CAROLE, GREGOR A 1225 WHISPERING WINDS CT APOPKA FL 32703</b>			
10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>			
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			
TITLE	STD	<input type="checkbox"/> DELETE	
NAME	GREGOR, CAROLE S		
STREET ADDRESS	1225 WHISPERING WINDS CT		
CITY-ST-ZIP	APOPKA FL		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	LUKASIK, STEVE		
STREET ADDRESS	1208 SUNSHINE TREE BLVD		
CITY-ST-ZIP	LONGWOOD FL		
TITLE	VPD	<input type="checkbox"/> DELETE	
NAME	CHARIOVSKY, SILVIO		
STREET ADDRESS	7041 GRAND NATIONAL DR #211		
CITY-ST-ZIP	ORLANDO FL		
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			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	OTOOLE, TIM		
2.3 STREET ADDRESS	201 E. PINE ST. STE 801		
2.4 CITY-ST-ZIP	ORLANDO FL 32801		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
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 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 1/5/98 409-246-2082

CR2E037 (10/97)