

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001515 (4)

1. Corporation Name

INDEPENDENT GOVERNMENT AUDITORS ASSOCIATION OF F
LORIDA, INC.

Principal Place of Business

Mailing Address

315 E. ROBINSON ST.
SUITE 690
ORLANDO FL 32802

P.O. BOX 632
ORLANDO FL 32802



3. Date Incorporated or Qualified

03/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

O'KEEFE, DANIEL J
315 E. ROBINSON ST.
SUITE 690
ORLANDO FL 32802

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 ☐ DELETE

NAME
PD
O'KEEFE, DANIEL J
STREET ADDRESS
315 E. ROBINSON ST., #690
CITY-ST-ZIP
ORLANDO FL 32802

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VD
KISH, ALEX
STREET ADDRESS
205 MAGNOLIA ST.
CITY-ST-ZIP
NEW SMYRNA BEACH FL 32170

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STD
COTHERMAN, ROSS
STREET ADDRESS
3150 CARDINAL DR.
CITY-ST-ZIP
VERO BEACH FL 32963

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
FISK, ALAN
STREET ADDRESS
500 S. FLORIDA AVE., 8TH FLOOR
CITY-ST-ZIP
LAKELAND FL 33801-5271

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
THOMAS, JOHN
STREET ADDRESS
3520 THOMASVILLE RD., SUITE 500
CITY-ST-ZIP
TALLAHASSEE FL 32317-4569

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
RODRIGUEZ, RAMON
STREET ADDRESS
7080 N.W. 4TH ST.
CITY-ST-ZIP
PLANTATION FL 33317-2200

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

Date

Daytime Phone #

2-27-96 56

0034045