

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED

05 JUL -5 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06072005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N98000006110</b>					
1. Entity Name FLORIDA AUDIT FORUM, INC.					
Principal Place of Business 468 FOREST GREEN DR. TALLAHASSEE, FL 32308			Mailing Address 468 FOREST GREEN DR. TALLAHASSEE, FL 32308		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3508649	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WALDRON, ALLAN 468 FOREST GREEN DR. TALLAHASSEE, FL 32308				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WALDRON, ALLAN 468 FOREST GREEN DR. TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700057228257 07/11/05--01006--008 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ROBERTS, SHEILA PO BOX 38 ORLANDO, FL 328020038	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYTIM, WAYNE ONE CITY HALL PLAZA, SUITE 7E TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRANCO, JOHN 325 W. GAINES STREET TALLAHASSEE, FL 32399	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTNUTT, JERRY 2601 BLAIRSTONE ROAD TALLAHASSEE, FL 323992100	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC MIGUEL, MELINDA PL 01, THE CAPITOL TALLAHASSEE, FL 32399	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Allan Waldron</i> ALLAN WALDRON			7-5-05 850-245-7136		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

See Attachment

**ATTACHMENT**  
**2005 UNIFORM BUSINESS REPORT**  
**FLORIDA AUDIT FORUM, INC.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN BLOCK 10**

		<u><b>ACTION REQUIRED</b></u>
TITLE	DIRECTOR	DELETE DIRECTOR
NAME	ASH, ALAN	
STREET ADDRESS	200 EAST UNIVERSITY AVE., STATION 17	
CITY	GAINESVILLE, FL. 32602	
TITLE	DIRECTOR	DELETE DIRECTOR
NAME	CARPENTER, JAMES	
ADDRESS	300 SOUTH ADAMS ST.	
CITY	TALLAHASSEE, FL. 32301	
TITLE	DIRECTOR	ADD NEW DIRECTOR
NAME	GODSHALK, BRENT	
STREET ADDRESS	200 EAST UNIVERSITY AVE., STATION 17	
CITY	GAINESVILLE, FL. 32602	
TITLE	DIRECTOR	ADD NEW DIRECTOR
NAME	VANN, ALLEN	
STREET ADDRESS	1450 N.E. SECOND AVE., ROOM 415	
CITY	MIAMI, FL. 33132	
TITLE	DIRECTOR	ADD NEW DIRECTOR
NAME	CAMPION, RENE	
STREET ADDRESS	P.O. BOX 22287	
CITY	TAMPA, FL. 33622	

**NOTE: After Additions and Deletions, the total number of Directors listed for this corporation should be 12. Those Directors serving as Officers include: Chair (Miguel, Melinda); Vice Chair (Chesnutt, Jerry); Treasurer (Franco, John); and Secretary (Waldron, Allan).**

Miguel, Melinda	D/C	Campion, Rene	D
Chesnutt, Jerry	D/VC	Godshalk, Brent	D
Franco, John	D/T	Melton, Robert	D
Waldron, Allan	D/S	Roberts, Sheila	D
Bragg, Cecil	D	Townes, Rene	D
Boytim, Wayne	D	Vann, Allen	D