

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000250

Entity Name: THE SOUTH FLORIDA CHAPTER OF THE ASSOCIATION OF
CERTIFIED FRAUD EXAMINERS, INC.**Current Principal Place of Business:**1172 SOUTH DIXIE HIGHWAY, #365
CORAL GABLES, FL 33146**Current Mailing Address:**1172 SOUTH DIXIE HIGHWAY, #365
CORAL GABLES, FL 33146 US**FEI Number: 55-0814183****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUENAS, NICOLE E
1172 SOUTH DIXIE HIGHWAY, #365
CORAL GABLES, FL 33146 US*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.***SIGNATURE:** NICOLE E. DUENAS**05/05/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	MEDINA, DANIEL
Address	UNIVERSITY OF MIAMI, SCHOOL OF ACCOUNTING 5250 UNIVERSITY DRIVE 308 KOSAR/EPSTEIN FACULTY WING
City-State-Zip:	MIAMI FL 33146
Title	TREASURER
Name	DUENAS, NICOLE E
Address	1172 SOUTH DIXIE HIGHWAY, #365
City-State-Zip:	CORAL GABLES FL 33146

Title	SECRETARY
Name	HANNA, PHYLESE
Address	1172 SOUTH DIXIE HIGHWAY, #365
City-State-Zip:	CORAL GABLES FL 33146
Title	PRESIDENT
Name	LANDERA, NICHOLAS
Address	1172 SOUTH DIXIE HIGHWAY, #365
City-State-Zip:	CORAL GABLES FL 33146

Title	VP
Name	LEVENBERG, HAL
Address	1172 SOUTH DIXIE HIGHWAY, #365
City-State-Zip:	CORAL GABLES FL 33146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NICOLE DUENAS**TREASURER****05/05/2025**

Electronic Signature of Signing Officer/Director Detail

Date