

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008640

**Entity Name:** TALLAHASSEE AREA CHAPTER, #16, OF THE ASSOCIATION  
OF CERTIFIED FRAUD EXAMINERS, INC.**FILED**  
**Mar 28, 2016**  
**Secretary of State**  
**CC1848879983****Current Principal Place of Business:**227 N BRONOUGH STREET  
SUITE 5000  
TALLAHASSEE, FL 32301**Current Mailing Address:**POST OFFICE BOX 1396  
TALLAHASSEE, FL 32302-1396 US**FEI Number: 59-3028665****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**YOPP, MELANIE  
227 N BRONOUGH STREET  
SUITE 5000  
TALLAHASSEE, FL 32301 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: MELANIE YOPP****03/28/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title BOARD OF DIRECTORS  
Name PACE, ROB  
Address POST OFFICE BOX 1396  
City-State-Zip: TALLAHASSEE FL 32302-1396Title BOARD OF DIRECTORS  
Name CORNWELL, JOSEPH  
Address POST OFFICE BOX 1396  
City-State-Zip: TALLAHASSEE FL 32302-1396Title VP - PROGRAMS/TRAINING  
Name PERRY, BRADLEY  
Address POST OFFICE BOX 1396  
City-State-Zip: TALLAHASSEE FL 32302-1396Title SECRETARY  
Name SALIMONE, LONNIE  
Address POST OFFICE BOX 1396  
City-State-Zip: TALLAHASSEE FL 32302-1396Title TREASURER  
Name YOPP, MELANIE  
Address POST OFFICE BOX 1396  
City-State-Zip: TALLAHASSEE FL 32302-1396Title PRESIDENT  
Name BUSCH, JEANINE  
Address POST OFFICE BOX 1396  
City-State-Zip: TALLAHASSEE FL 32302-1396Title BOARD OF DIRECTORS  
Name COX, THOMAS  
Address POST OFFICE BOX 1396  
City-State-Zip: TALLAHASSEE FL 32302-1396

*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: MELANIE YOPP****TREASURER****03/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date