

2022 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 25, 2022
Secretary of State
7475862948CC**Current Principal Place of Business:**2633 CENTENNIAL BOULEVARD
SUITE 200
TALLAHASSEE, FL 32308**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:**MANUEL, BRIAN
2633 CENTENNIAL BOULEVARD
SUITE 200
TALLAHASSEE, FL 32308 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: BRIAN MANUEL****03/25/2022**

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 PRESIDENT
Name MANUEL, BRIAN
Address POST OFFICE BOX 1396
City-State-Zip: TALLAHASSEE FL 32302-1396Title VICE PRESIDENT OF TRAINING
Name HARPER, DAVID
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 32302-1396Title BOARD OF DIRECTORS
Name YOPP, MELANIE
Address POST OFFICE BOX 1396
City-State-Zip: TALLAHASSEE FL 32302-1396Title TREASURER
Name BUSCH, JEANNINE
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: BRIAN MANUEL**PRESIDENT****03/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date