

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008640

**Entity Name:** TALLAHASSEE AREA CHAPTER, #16, OF THE ASSOCIATION  
OF CERTIFIED FRAUD EXAMINERS, INC.

**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

01/17/2024

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 32302-1396

Title PRESIDENT  
Name MANUEL, BRIAN  
Address POST OFFICE BOX 1396  
City-State-Zip: TALLAHASSEE FL 32302-1396

Title BOARD OF DIRECTORS  
Name YOPP, MELANIE  
Address POST OFFICE BOX 1396  
City-State-Zip: TALLAHASSEE FL 32302-1396

Title 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

01/17/2024

Electronic Signature of Signing Officer/Director Detail

Date