2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2025
Secretary of State
8608600457CC

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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 04/07/2025

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

Title	SECRETARY
Name	THAMES, ERICA
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 04/07/2025

Electronic Signature of Signing Officer/Director Detail — Date