

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002615

FILED
Apr 26, 2010
Secretary of State

Entity Name: FEDERAL BAR ASSOCIATION/ORLANDO CHAPTER, INC.

Current Principal Place of Business:

180 N. PARK AVE., STE. 200
WINTER PARK, FL 327897401

New Principal Place of Business:

Current Mailing Address:

180 N. PARK AVE., STE. 200
WINTER PARK, FL 327897401

New Mailing Address:

FEI Number: 20-5265189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SORRELL, DREW MR.
450 SOUTH ORANGE AVENUE
SUITE 250
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: 3VPD
Name: SKUTHAN, JAMES T
Address: 180 N. PARK AVE., STE. 200
City-St-Zip: WINTER PARK, FL 327897401

Title: 2VPD
Name: SORRELL, DREW
Address: 450 SOUTH ORANGE AVENUE, SUITE 250
City-St-Zip: ORLANDO, FL 32801

Title: SD
Name: WILSON, GARY D
Address: 180 N. PARK AVE., STE. 200
City-St-Zip: WINTER PARK, FL 327897401

Title: PD
Name: DELLINGER, RICHARD
Address: 215 NORTH EOLA DRIVE
City-St-Zip: ORLANDO, FL 32801

Title: 1VPD
Name: MORAN, MARILYN
Address: 200 SOUTH ORANGE AVENUE, 23RD FLOOR
City-St-Zip: ORLANDO, FL 32802

Title: TD
Name: ZITZKA, JOSEPH W
Address: 215 N. EOLA DRIVE
City-St-Zip: ORLANDO, FL 32801

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: JOSEPH W. ZITZKA

TD

04/26/2010

Electronic Signature of Signing Officer or Director

_____ Date