

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90047 020 ****61.25

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DOCUMENT # N06000003551					
1. Entity Name CENTRAL FLORIDA TRIAL LAWYERS ASSOCIATION, INC.					
Principal Place of Business 390 NORTH ORANGE AVENUE SUITE 140 ORLANDO, FL 32801			Mailing Address 390 NORTH ORANGE AVENUE SUITE 140 ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 4349			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Orlando, Florida		4. FEI Number 16-1745530	
Zip 32802	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCMILLEN, SCOTT R 390 NORTH ORANGE AVENUE SUITE 140 ORLANDO, FL 32801			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME MCMILLEN, SCOTT R	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 390 NORTH ORANGE AVENUE, SUITE 140	CITY - ST - ZIP ORLANDO, FL 32801				
TITLE VD	NAME PAUL, DAVID A	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 301 E PINE STREET, SUITE 1150	CITY - ST - ZIP ORLANDO, FL 32801				
TITLE SD	NAME COPELAND, TODD E	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 338 N MAGNOLIA AVE, SUITE B	CITY - ST - ZIP ORLANDO, FL 32801				
TITLE TD	NAME MCKENNA, KENNETH J	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 719 VASSAR STREET	CITY - ST - ZIP ORLANDO, FL 32804				
TITLE 	NAME 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY - ST - ZIP 				
TITLE 	NAME 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY - ST - ZIP 				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____				Date: 2/15/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Daytime Phone #: 407 244 3000	