2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# N06000003551

Entity Name: CENTRAL FLORIDA TRIAL LAWYERS ASSOCIATION, INC.

Current Principal Place of Business:

390 NORTH ORANGE AVENUE
SUITE 140
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

PO BOX 4349
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 16-1745530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMILLEN, SCOTT R
390 NORTH ORANGE AVENUE
SUITE 140
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:	PD	( ) Delete
Name:	MCMILLEN, SCOTT R	
Address:	390 NORTH ORANGE AVENUE, SUITE 140	
City-St-Zip:	ORLANDO, FL 32801	
Title:	VD	( ) Delete
Name:	PAUL, DAVID A	
Address:	301 E PINE STREET, SUITE 1150	
City-St-Zip:	ORLANDO, FL 32801	
Title:	SD	( ) Delete
Name:	COPELAND, TODD E	
Address:	338 N MAGNOLIA AVE, SUITE B	
City-St-Zip:	ORLANDO, FL 32801	
Title:	TD	( ) Delete
Name:	MCKENNA, KENNETH J	
Address:	719 VASSAR STREET	
City-St-Zip:	ORLANDO, FL 32804	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARGARET SCHUMACHER ED 01/14/2008

Electronic Signature of Signing Officer or Director — Date