

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003551

FILED  
Apr 29, 2011  
Secretary of State

**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:**

390 NORTH ORANGE AVENUE  
SUITE 140  
ORLANDO, FL 32801 LO

**Current Mailing Address:**

PO BOX 4349  
ORLANDO, FL 32802

**New Mailing Address:**

PO BOX 4349  
POST OFFICE BOX 4349  
ORLANDO, FL 32802 LO

**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  
Name: NORMAND, EDMUND A  
Address: 236 SOUTH LUCERNE CIRCLE AT DELANEY  
City-St-Zip: ORLANDO, FL 32801

Title: VD  
Name: HENRY, DIDIER N JR  
Address: 1203 N. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32804

Title: TD  
Name: KLAUSMAN, GLENN M  
Address: 890 N. SR 434  
City-St-Zip: ALTAMONTE SPRINGS, FL FL 32714

Title: SD  
Name: LOPEZ, FERMIN  
Address: 1018 E. ROBINSON STREET  
City-St-Zip: ORLANDO, FL 32801 LO

Title: D  
Name: TODD, COPELAND E  
Address: 38 N. MAGNOLIA SUITE B  
City-St-Zip: ORLANDO, FL 32801 LO

Title: D  
Name: JAMES, KNUDSON I  
Address: 830 EXECUTIVE LANE #140  
City-St-Zip: ROCKLEDGE, FL 32955

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: EDMUND A. NORMAND

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date