

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32635 (7)
1. Corporation Name
CENTRAL FLORIDA CHAPTER ASSOCIATION OF LEGAL ADM
INISTRATORS, INC.

Principal Place of Business Mailing Address
28 E. WASHINGTON STREET P.O. BOX 3388
ORLANDO FL 32801 ~~ORLANDO FL 32802-3388~~
Orlando



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 315 W. Robinson St.		26 P.O. Box 3,000		06/01/1989		04/10/1996	
22 Suite 600		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Orlando, FL		28 Orlando		NOT APPLICABLE 69-2196408		Not Applicable	
24 32801		29 32802		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing		5.00 May Be Added to Fees	
Country		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FICARRA, HELEN R 28 E. WASHINGTON STREET ORLANDO FL 32801				81 Name Herod, W. Raymond			
				82 Street Address (P.O. Box Number is Not Acceptable) 315 W. Robinson St.			
				83 Suite 600			
				84 City Orlando			
				85 Zip Code FL 32801			

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, office or registered agent, or both, in the State of Florida. I, agent, I am familiar with and accept the obligations of, Sect.

Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/97
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FICARRA, HELEN R			1.2 NAME	Marcy B. Kast		
STREET ADDRESS	28 E WASHINGTON STREET			1.3 STREET ADDRESS	P.O. Box 471		
CITY-ST-ZIP	ORLANDO FL 32801			1.4 CITY-ST-ZIP	Orlando, FL 32802		255 S. Orange Ave Suite 1600 Orlando, FL 32801
TITLE	VP PD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEROD, W RAYMOND			2.2 NAME			
STREET ADDRESS	315 W ROBINSON SUITE 600			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			2.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNER, KELLY S			3.2 NAME			
STREET ADDRESS	39 W PINE ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLESKEY, JENNIFER			4.2 NAME			
STREET ADDRESS	225 E ROBINSON ST SUITE 450			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP			
TITLE	Karen Beaumont	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Addition		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YP			5.2 NAME			
STREET ADDRESS	652 W. Morse Blvd.			5.3 STREET ADDRESS			
CITY-ST-ZIP	Winter Park, FL 32789			5.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Addition		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Gay Mombberger			6.2 NAME			
STREET ADDRESS	90 E. Livingston St, Suite 100			6.3 STREET ADDRESS			
CITY-ST-ZIP	Orlando, FL 32801			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)