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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. [illegible]m
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32635

1. Corporation Name

Central Florida Chapter Association of Legal Administrators, Inc.

Principal Place of Business
200 S. Orange Ave.
Suite 2300 SunTrust Center
Orlando, FL 32801

Mailing Address
Post Office Box 112
Orlando, FL 32802

3. Date Incorporated or Qualified: 6/01/89

4. FEI Number: 59-2196408 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

W. R. Herod
315 W. Robinson Street
Suite 600
Orlando, FL 32801

10. Name and Address of New Registered Agent

81 Name: Lee W. Jensen

82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Orange Avenue

83: Suite 2300, SunTrust Center

84 City: Orlando FL 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Lee W. Jensen — 4/29/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S/D	☐ DELETE	1.1 TITLE	President/Director	☐ Change ☒ Addition
NAME	Kast, Marcy B.		1.2 NAME	Jensen, Lee W.	
STREET ADDRESS	255 S. Orange Ave., Ste.1600		1.3 STREET ADDRESS	200 S. Orange Ave., Suite 2300	
CITY-ST-ZIP	Orlando, FL 32802		1.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	P/D	☒ DELETE	2.1 TITLE	Vice President/Directo	☒ Change ☒ Addition
NAME	Herod, W. Raymond		2.2 NAME	Whidden, Rose M.	
STREET ADDRESS	316 W. Robinson, Ste. 600		2.3 STREET ADDRESS	2 South Orange Avenue	
CITY-ST-ZIP	Orlando, FL 32801		2.4 CITY-ST-ZIP	Orlando, FL 32802	
TITLE	V	☒ DELETE	3.1 TITLE	Treasurer/Director	☐ Change ☒ Addition
NAME	Beaumont, Karen		3.2 NAME	Stogner, Jennifer D.	
STREET ADDRESS	652 W. Morse Blvd.		3.3 STREET ADDRESS	150 S. Palmetto Ave.,Box A	
CITY-ST-ZIP	~~Winter Park, FL 32789~~		3.4 CITY-ST-ZIP	Daytona Beach, FL 32115-1268	
TITLE	T/D	☒ DELETE	4.1 TITLE	Secretary/Director	☐ Change ☒ Addition
NAME	Momberger, Gay		4.2 NAME	Owen, Sharon	
STREET ADDRESS	90 E. Livingston St.,Ste.100		4.3 STREET ADDRESS	390 N. Orange Ave., Ste. 1000	
CITY-ST-ZIP	~~Orlando, FL 32801~~		4.4 CITY-ST-ZIP	Orlando, FL 32802	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	600002578836	
STREET ADDRESS			6.3 STREET ADDRESS	-07/02/98--01034--012	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

CR2E037 (10/97)

14. I 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.

SIGNATURE: Lee W. Jensen — 4/29/98 — 407-649-4088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number