

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003551

**Entity Name:** CENTRAL FLORIDA TRIAL LAWYERS ASSOCIATION, INC.

**Current Principal Place of Business:**

890 E STATE ROAD 434  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

P.O. BOX 4349  
ORLANDO, FL 32802 US

**FEI Number: 16-1745530**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

KLAUSMAN, GLENN M ESQ.  
890 SR 434  
ALTAMONTE SPRINGS, FL 32714 US

*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: GLENN M. KLAUSMAN**

**02/27/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name KLAUSMAN, GLENN M ESQ.  
Address 890 E STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VD  
Name LOPEZ, FERMIN M  
Address 801 N. ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801

Title TD  
Name FENSTER, ROBERT E ESQ.  
Address 118 W. ORANGE ST.  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title SD  
Name FADDIS, TIFFANY M  
Address 545 DELANEY AVE., STE 1  
City-State-Zip: ORLANDO FL 32801

Title D  
Name DIDIER, HENRY N  
Address 1203 N. ORANGE AVE.  
City-State-Zip: ORLANDO FL 32804

*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: GLENN M. KLAUSMAN**

**PRESIDENT**

**02/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date