#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003551

Entity Name: CENTRAL FLORIDA TRIAL LAWYERS ASSOCIATION, INC.

**FILED** May 01, 2024 Secretary of State 5587200031CC

### **Current Principal Place of Business:**

51 E. JEFFERSON ST. #4349 ORLANDO, FL 32802

# **Current Mailing Address:**

P.O. BOX 4349

ORLANDO, FL 32802 US

FEI Number: 16-1745530 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

COOLEY, JACQUELINE A 51 E. JEFFERSON ST. #4349 ORLANDO, FL 32802 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: JACQUELINE A. COOLEY

05/01/2024

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

City-State-Zip:

Title EXECUTIVE DIRECTOR Title IMMEDIATE PAST PRESIDENT COOLEY, JACQUELINE A GORDON, ESQ., JAMES T ESQ. Name Name Address 313 SOUTH CENTRAL AVENUE Address 51 E. JEFFERSON #4349

City-State-Zip: OVIEDO FL 32765 ORLANDO FL 32802

DIRECTOR Title Title DIRECTOR

Name ALPIZAR, DAVID M. ESQ. Name TRETO, ESQ., ROBIN ESQ.

Address 1528 PALM BAY ROAD NORTHEAST 111 NORTH ORANGE AVENUE

Address PALM BAY FL 32905 City-State-Zip:

City-State-Zip: ORLANDO FL 32801

Title PRESIDENT ELECT Title **PRESIDENT** 

Name ANTHONY-SMITH, ESQ., CORETTA ANDREWS, ESQ., JENNIFER M ESQ. Name ESQ.

Address 1711 AMAZING WAY 2600 EAST ROBINSON STREET Address City-State-Zip: OCOEE FL 34761 City-State-Zip: ORLANDO FL 32803

Title **DIRECTOR TREASURER** Title

Name SHIELDS, LAURA LEE Name GILBERT, JONATHAN T ESQ.

Address 7335 W SAND LAKE RD SUITE #300 Address 801 NORTH ORANGE AVENUE

> 830 City-State-Zip: ORLANDO FL 32819

City-State-Zip: ORLANDO FL 32801

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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: COOLEY, JACQUELINE A Electronic Signature of Signing Officer/Director Detail

EXECUTIVE DIRECTOR

05/01/2024

Date

### Officer/Director Detail Continued:

Title DIRECTOR

Name SMITH, ESQ., DANIEL

Address 5840 SOUTH SEMORAN BOULEVARD

City-State-Zip: ORLANDO FL 32822

Title DIRECTOR

Name MOKWA, ESQ., MATTHEW

Address 398 WEST MORSE BOULEVARD

200

City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR

Name TOTH, ESQ., ADRIENN

Address 20 NORTH ORANGE AVENUE

1600

City-State-Zip: ORLANDO FL 32801

Title SECRETARY

Name WARNER, ESQ., DEBORAH

Address 5200 SOUTH US HIGHWAY 17 92

City-State-Zip: CASSELBERRY FL 32707

Title DIRECTOR

Name GRAHAM-WIILIAMS, ESQ., TRAKINA

Address 2620 EAST ROBINSON STREET

City-State-Zip: ORLANDO FL 32803