

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32635

**Entity Name:** CENTRAL FLORIDA CHAPTER ASSOCIATION OF LEGAL ADMINISTRATORS, INC.**Current Principal Place of Business:**221 NE LAKE IVANHOE BLVD, STE 200  
ORLANDO, FL 32804**Current Mailing Address:**221 NE LAKE IVANHOE BLVD, STE 200  
ORLANDO, FL 32804 US**FEI Number: 59-2196408****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MAUREEN, MCARDLE  
221 NE LAKE IVANHOE BLVD, STE 200  
ORLANDO, FL 32804 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: MAUREEN MCARDLE****04/07/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	MCARDLE, MAUREEN
Address	221 NE LAKE IVANHOE BLVD, STE 200
City-State-Zip:	ORLANDO FL 32804

Title	VP
Name	SHAW, KATHERINE
Address	315 E. ROBINSON STREET, STE 600
City-State-Zip:	ORLANDO FL 32801

Title	TREASURER
Name	NEILL, ROBIN
Address	719 VASSAR STREET
City-State-Zip:	ORLANDO FL 32804
Title	SECRETARY
Name	CORSER, JANE
Address	315 E. ROBINSON STREET SUITE 600
City-State-Zip:	ORLANDO FL 32801

*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: ROBIN NEILL****TREASURER****04/07/2020**

Electronic Signature of Signing Officer/Director Detail

Date