

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008352

FILED
Jan 30, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA PARALEGAL ASSOCIATION, INC.

Current Principal Place of Business:

400 N. FERNCREEK AVENUE
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1107
ORLANDO, FL 32802 US

New Mailing Address:

FEI Number: 01-0604036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, MARIO A ESQUIRE
400 N. FERNCREEK AVENUE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SNYDER, CASSIE D CP, FRP
Address: PO BOX 1107
City-St-Zip: ORLANDO, FL 32802

Title: VP () Delete
Name: RODEMAN, NIKKI
Address: PO BOX 1107
City-St-Zip: ORLANDO, FL 32802

Title: S () Delete
Name: VARGAS, MARIA CP CFLA
Address: PO BOX 1107
City-St-Zip: ORLANDO, FL 32802

Title: T () Delete
Name: WOOLSEY, ESTHER CP CFLA
Address: PO BOX 1107
City-St-Zip: ORLANDO, FL 32802

Title: D () Delete
Name: STARKS, JOHN JR.
Address: PO BOX 1107
City-St-Zip: ORLANDO, FL 32802

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUGHES, ANNE D CP, FRP
Address: PO BOX 1107
City-St-Zip: ORLANDO, FL 32802

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GREEN, MARISA
Address: PO BOX 1107
City-St-Zip: ORLANDO, FL 32802

Title: T (X) Change () Addition
Name: SNYDER, CASSIE CP, FRP
Address: PO BOX 1107
City-St-Zip: ORLANDO, FL 32802

Title: D (X) Change () Addition
Name: STARKS, JOHN W. JR, FRP
Address: PO BOX 1107
City-St-Zip: ORLANDO, FL 32802

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: K.D. BLANNING

D

01/30/2009

Electronic Signature of Signing Officer or Director

Date