

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008352

FILED
Jan 24, 2011
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: PRES
Name: COLON, NATALIE
Address: PO BOX 1107
City-St-Zip: ORLANDO, FL 32802

Title: VP
Name: GRIER, PEONCA
Address: PO BOX 1107
City-St-Zip: ORLANDO, FL 32802

Title: SEC
Name: HUGHES, ANNE
Address: PO BOX 1107
City-St-Zip: ORLANDO, FL 32802

Title: TRES
Name: BOYKIN, ANDREA
Address: PO BOX 1107
City-St-Zip: ORLANDO, FL 32802

Title: BOD
Name: STARKS, JR, JOHN W JR
Address: PO BOX 1107
City-St-Zip: ORLANDO, FL 32802

Title: 2VP
Name: IRICK, LESLIE
Address: PO BOX 1107
City-St-Zip: ORLANDO, FL 32802

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: JOHN STARKS, JR.

MR.

01/24/2011

Electronic Signature of Signing Officer or Director

Date