

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008352

FILED  
Jan 05, 2012  
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: GRIER, PEONCA  
Address: PO BOX 1107  
City-St-Zip: ORLANDO, FL 32802

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

Title: 2VP  
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: DIR  
Name: STARKS, JR, JOHN W JR  
Address: PO BOX 1107  
City-St-Zip: ORLANDO, FL 32802

Title: SEC  
Name: HIGGINS, KAREN  
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.

DIR

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date