

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009146

FILED
Mar 30, 2007
Secretary of State

Entity Name: ASSOCIATION OF CORPORATE COUNSEL AMERICA CENTRAL FLORIDA (INC.)

Current Principal Place of Business:

1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 59-3206189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ASHLEY, DEBORAH
Address: 800 CONCOURSE PARKWAY SOUTH, SUITE 200
City-St-Zip: MAITLAND, FL 32751

Title: S () Delete
Name: COOPER, ROCHELLE L
Address: MAILSTOP: USK-T21 8550 ASTRONAUT BLVD.
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: JONES, THOMAS P
Address: 8427 SOUTH PARK CIRCLE SUITE 500
City-St-Zip: ORLANDO, FL 32819

Title: PP () Delete
Name: KUHN, MARHA H
Address: 4400 ALAFAYA TRAIL-MC 475
City-St-Zip: ORLANDO, FL 328262399

Title: T () Delete
Name: SCHWARTZ, RANDY
Address: P.O. BOX 725025
City-St-Zip: ORLANDO, FL 32920

Title: VP () Delete
Name: MCTHENIA, THOMAS C
Address: 100 LAKE HART DRIVE MC-3500
City-St-Zip: ORLANDO, FL 32832

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: LEONARD, PATRICIA A
Address: 1375 BUENA VISTA DRIVE TD NORTH 4TH FLR
City-St-Zip: LAKE BUENA VISTA, FL 32830

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

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

Title: T (X) Change () Addition
Name: SINELLI, AMY
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TORI A PAYNE

D

03/30/2007

Electronic Signature of Signing Officer or Director

Date