

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# N04000009146

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: 59-3206819

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: LEONARD, PATRICIA A
Address: 1375 BUENA VISTA DRIVE TD NORTH 4TH FLR
City-St-Zip: LAKE BUENA VISTA, FL 32830

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: SINELLI, AMY
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

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: PP (X) Change () Addition
Name: ASHLEY, DEBORAH
Address: 210 LAKE AVENUE
City-St-Zip: ORLANDO, FL 32801

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

Title: D (X) Change () Addition
Name: JONES, THOMAS P
Address: 5500 MASTERS BLVD
City-St-Zip: ORLANDO, FL 32819

Title: P (X) Change () Addition
Name: SCHNEIDER, THOMAS M
Address: PO BOX 628200
City-St-Zip: ORLANDO, FL 32862

Title: T (X) Change () Addition
Name: JORDAN, DESMOND
Address: 1414 KUHL AVENUE, MP 10
City-St-Zip: ORLANDO, FL 32806

Title: VP (X) Change () Addition
Name: CRANNELL, KATHLEEN M
Address: 8550 ASTRONAUT BOULEVARD
City-St-Zip: CAPE CANAVERAL, FL 32920

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: TORI PAYNE, DIRECTOR, ACC

D

04/02/2008

Electronic Signature of Signing Officer or Director

_____ Date