

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jun 02, 2009  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: PP ( ) Delete  
Name: ASHLEY, DEBORAH  
Address: 210 LAKE AVENUE  
City-St-Zip: ORLANDO, FL 32801

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: 5500 MASTERS BLVD  
City-St-Zip: ORLANDO, FL 32819

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MAC MAHON CRANNELL, KATHLEEN  
Address: 8550 ASTRONAUT BOULEVARD, USK-T21  
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: VP (X) Change ( ) Addition  
Name: IM, JAE  
Address: 8427 SOUTH PARK CIRCLE, SUITE 500  
City-St-Zip: ORLANDO, FL 32819 US

Title: S (X) Change ( ) Addition  
Name: LEONARD, PATRICIA  
Address: P.O. BOX 10000, TD NORTH 4TH FLOOR  
City-St-Zip: LAKE BUENA VISTA, FL 32830 US

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

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

Title: D (X) Change ( ) Addition  
Name: LODDE, KELLY  
Address: 6355 METROWEST BLVD.  
City-St-Zip: ORLANDO, FL 32835

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: KATHLEEN MAC MAHON CRANNELL

P

06/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date