

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06110

FILED
Jan 05, 2009
Secretary of State

Entity Name: THE FLORIDA LAW RELATED EDUCATION ASSOCIATION, INC.

Current Principal Place of Business:

2874 REMINGTON GREEN CIRCLE
SUITE A
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

2874 REMINGTON GREEN CIRCLE
SUITE A
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-2537003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PITTS, ANNETTE B
2801 CHANCELLORSVILLE ROAD
APT 921
TALLAHASSEE, FL 32312 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: NOEL, LAWRENCE
Address: P.O. BOX 726
City-St-Zip: JACKSONVILLE, FL 32201

Title: D () Delete
Name: GROOT, LONNIE
Address: 2 COMMERCE BLVD
City-St-Zip: PALM COAST, FL 32164

Title: D () Delete
Name: CONNIE, HIGGINS
Address: 7601 N.W. 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Delete
Name: MARSHALL, BILL
Address: 6305 118TH AVE N
City-St-Zip: LARGO, FL

Title: S () Delete
Name: BRENDLE, CYNTHIA
Address: 6335 12TH ST
City-St-Zip: ZEPHRYHILLS, FL

Title: D () Delete
Name: DANIELS, JANEIA
Address: POB 1547
City-St-Zip: TALLAHASSEE, FL 32302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: NOEL LAWRENCE

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date