

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005693

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** CENTRAL FLORIDA WOMENS LACROSSE OFFICIALS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ARNOLD, MATHENY & EAGAN, P.A.  
605 E. ROBINSON STREET, SUITE 730  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ARNOLD, MATHENY & EAGAN, P.A.  
605 E. ROBINSON STREET, SUITE 730  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AM&E SERVICES LLC  
605 E. ROBINSON STREET, SUITE 730  
ORLANDO, FL 32801    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: DP  
Name: WHITFIELD, GILL  
Address: 931 BLUEBERRY HOLLOW COURT  
City-St-Zip: WINTER SPRINGS, FL 32798

Title: DVP  
Name: BROOKS, SKIP  
Address: 1007 LONG BRANCH LANE  
City-St-Zip: OVIEDO, FL 32765

Title: DS  
Name: ABRAMS, LEHN E  
Address: 319 COLUMBO CIRCLE  
City-St-Zip: ORLANDO, FL 32804

Title: DT  
Name: HOPKINS, TOM  
Address: 323 TRANCAS DRIVE  
City-St-Zip: OCOEE, FL 34761

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: LEHN E. ABRAMS

DS

02/15/2011

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

\_\_\_\_\_  
Date