

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005693

FILED
Apr 25, 2012
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

04/25/2012

Electronic Signature of Signing Officer or Director

Date