

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32635

FILED
Jun 01, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA CHAPTER ASSOCIATION OF LEGAL ADMINISTRATORS, INC.

Current Principal Place of Business:

301 E PINE ST
STE 1400
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

301 E PINE ST
STE 1400
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-2196408 **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:

MCFERON, LENITA
301 E PINE ST
STE 1400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

MCFERON, LENITA K
301 E PINE ST
STE 1400
ORLANDO, FL 32801 US

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: LENITA MCFERON

06/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: KING, JOHN R
Address: 215 N. EOLA DRIVE
City-St-Zip: ORLANDO, FL 32801

Title: PD () Delete
Name: MCFERON, LENITA
Address: 301 E. PINE STREET STE 1400
City-St-Zip: ORLANDO, FL 32801

Title: VD () Delete
Name: NOVAK, KIM
Address: 420 S ORANGE AVE STE 1200
City-St-Zip: ORLANDO, FL 328013336

Title: SD () Delete
Name: GUBBINS, ALICIA
Address: 111 N ORANGE AVE STE 1800
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: NICHOLAOU, CAROLINE
Address: 111 N. ORANGE AVENUE, SUITE 1200
City-St-Zip: ORLANDO, FL 32801

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

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

Title: SD (X) Change () Addition
Name: RUBERTI, SUSAN
Address: 215 N. EOLA DRIVE
City-St-Zip: ORLANDO, FL 32801

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: LENITA MCFERON

PRES

06/01/2009

Electronic Signature of Signing Officer or Director

Date