## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32635

FILED Mar 15, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

420 S ORANGE AVE 215 N. EOLA DR.

STE 1200 ORLANDO, FL 32801 US

ORLANDO, FL 328013336 US

Current Mailing Address: New Mailing Address:

420 S ORANGE AVE 215 N. EOLA DR.

STE 1200 ORLANDO, FL 32801 US ORLANDO, FL 328013336 US

FEI Number: 59-2196408 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

NOVAK, KIM
420 S ORANGE AVE
STE 1200

RUBERTI, SUSAN
215 N. EOLA DR
ORLANDO, FL 32801 US

STE 1200 ORLANDO, FL 32801 US 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: SUSAN RUBERTI 03/15/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: SD

Name: NICHOLAOU, CAROLINE

Address: 111 N. ORANGE AVENUE, SUITE 1200

City-St-Zip: ORLANDO, FL 32801

Title: VD

 Name:
 HEROD, RAY

 Address:
 315 E ROBINSON ST

 City-St-Zip:
 ORLANDO, FL 32801

Title: PD

Name: RUBERTI, SUSAN Address: 215 N EOLA DRIVE City-St-Zip: ORLANDO, FL 32801

Title: TD

 Name:
 FREID, GEORGETTE CLM

 Address:
 215 E LIVINGSTON

 City-St-Zip:
 ORLANDO, FL 32801

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: SUSAN RUBERTI PRES 03/15/2011