

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32635

FILED
Mar 14, 2012
Secretary of State

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

Current Principal Place of Business:

215 N. EOLA DR.
ORLANDO, FL 32801 US

New Principal Place of Business:

315 EAST ROBINSON STREET
SUITE 600
ORLANDO, FL 32801 US

Current Mailing Address:

215 N. EOLA DR.
ORLANDO, FL 32801 US

New Mailing Address:

315 EAST ROBINSON STREET
SUITE 600
ORLANDO, FL 32801 US

FEI Number: 59-2196408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HEROD, RAY
315 EAST ROBINSON STREET
SUITE 600
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: RAY HEROD

03/14/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD
Name: SMITH, DEBORAH
Address: 890 N STATE ROAD 434
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD
Name: HEROD, RAY
Address: 315 E ROBINSON ST SUITE 600
City-St-Zip: ORLANDO, FL 32801

Title: VPD
Name: MCLEOD, PATRICIA A
Address: 485 N. KELLER ROAD, SUITE 401
City-St-Zip: MAITLAND, FL 32751

Title: TD
Name: FREID, GEORGETTE
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: GEORGETTE FREID

TD

03/14/2012

Electronic Signature of Signing Officer or Director

Date