2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2008 8:00 am Secretary of State 03-03-2008 90203 048 ****61.25

DOCUMENT # N47085 1. Entity Name THE CENTRAL FLORIDA BANKRUPTCY LAW ASSOCIATION, INC.						03-03-200	8 90203 0	946 ************************************	01.23
Principal Place of Business P 0 B0X 2295 ORLANDO, FL 32802 US Mailing Address P 0 B0X 2295 ORLANDO, FL 32802 US US							7) 8:3 0) 6:10 () 9: 5) 	
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122008	Chg-NP	CR2E03	37 (12/06)	
City & State		City & State			4. FEI Number 59-3105				oplied For at Applicable
Zip	Country	Zip	Country		5. Certificate of	f Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered /	Agent	
COUMDAN	VED VELLY		-	Nam a					
CRUMBAKER, KELLY 2530 CYPRESS TRACE CIR. ORLANDO, FL 32825				Street Address (P.O. Box Number is Not Acceptable)					
i com				City			FL	Zip Cod	е
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registere	ed office or re	registered agent, or both	, in the State of F	Florida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title # applicable. (NOT	E: Registered	d Agent signature	e required when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling, Fee is \$61.25 Due by May 1, 2008	and title d applicable. (NOT	mpaign F	inancing , _	\$5.00 May Be		DATE Make checi orida Depar		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

W. GLENN