

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90139 042 \*\*\*\*61.25

<b>DOCUMENT # N94000001717</b>					
<b>1. Entity Name</b> CENTRAL FLORIDA JOINT TRAINING ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2900 W. OAK RIDGE ROAD ORLANDO, FL 32809 US			<b>Mailing Address</b> 2900 W. OAK RIDGE ROAD ORLANDO, FL 32809 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3363253	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
NAGEL, JAMES E 2900 W. OAK RIDGE ROAD ORLANDO, FL 32809			Name <u>Steven H. Lindas</u> Street Address (P.O. Box Number is Not Acceptable) <u>2900 W. Oak Ridge Road</u> City <u>Orlando</u> <u>FL</u> Zip Code <u>32809</u>		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE <u>Steven H. Lindas</u>		<u>Steven H. Lindas - Coordinator</u>		<u>7-5-06</u>	
Filing Fee is <b>\$61.25</b> Due by <b>September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> WOHL, BRUCE % 3244 39TH ST ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> Poston, Glenn P.O. Box 22701 Orlando, FL 32830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> INGRAM, JAMES 4510 N ORANGE BL TRAIL ORLANDO, FL 32804	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> HOULIHAN, JOHN 4700 DISTRIBUTION COURT ORLANDO, FL 32822	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> Houlihan, John 4700 Distribution Court Orlando, FL 32822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> COPPERSMITH, ROBERT 2103 W CASS ST TAMPA, FL 33606	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> Coppersmith, Robert 2103 W. Cass St. Tampa, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> POSTON, GLENN PO BOX 22701 ORLANDO, FL 32830	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> Kidd, Larry 820 Virginia Drive Orlando, FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> GARLINGTON, DAVID 2447 ORLANDO, CENTRAL PKWY ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> Baker, Craig 18351 East Colonial Drive Orlando, FL 32820	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			Date <u>7/16/2006</u> Daytime Phone # <u>407-854-0744</u>		