2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# N94000001717

Entity Name: CENTRAL FLORIDA JOINT TRAINING ASSOCIATION, INC.

Current Principal Place of Business:

2900 W. OAK RIDGE ROAD
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

2900 W. OAK RIDGE ROAD
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 59-3363253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDAS, STEVEN H
2900 W. OAK RIDGE ROAD
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: INGRAM, JAMES
Address: 4510 N ORANGE BL TRAIL
City-St-Zip: ORLANDO, FL 32804

Title: ST ( ) Delete
Name: HOULIHAN, JOHN
Address: 4700 DISTRIBUTION COURT
City-St-Zip: ORLANDO, FL 32822

Title: T ( ) Delete
Name: COPPERSMITH, ROBERT
Address: 2103 W CASS ST
City-St-Zip: TAMPA, FL 33606

Title: T ( ) Delete
Name: POSTON, GLENN
Address: PO BOX 22701
City-St-Zip: ORLANDO, FL 32830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GLENN POSTON T 04/23/2007

Electronic Signature of Signing Officer or Director — Date