

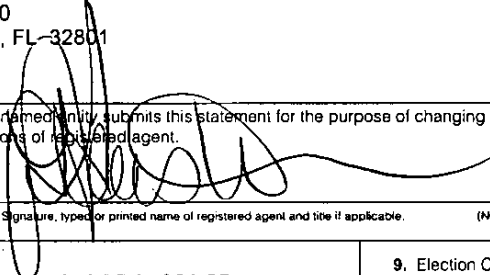
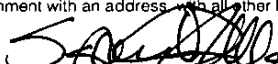


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N94000003884</b> 1. Entity Name <b>CENTRAL FLORIDA ASSOCIATION FOR WOMEN LAWYERS, INC.</b>				<b>FILED</b>  <b>08 JUL -7 PM 3:49</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>111 N. ORANGE AVENUE SUITE 1200 ORLANDO, FL 32801 US</b>		Mailing Address <b>P.O. BOX 3351 ORLANDO, FL 32802 US</b>			
2. Principal Place of Business - No P.O. Box # <b>20 N. Orange Ave.</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 1500</b>			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>			
Zip <b>32801</b>		Country <b>US</b>			
4. FEI Number <b>59-3266285</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>REINER, SARAH P 111 N. ORANGE AVENUE SUITE 1200 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name <b>MARTINEZ, KEERSTEN H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>20 N. ORANGE AVE</b> <b>SUITE 1500</b> City <b>ORLANDO</b> FL Zip Code <b>32801</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.  SIGNATURE  <span style="float: right;">6/18/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARAH, REINER P		NAME	301 EAST PINE STREET	
STREET ADDRESS	111 N. ORANGE AVENUE, STE 1200		STREET ADDRESS	ORLANDO, FL 32801	
CITY - ST - ZIP	ORLANDO, FL 32801		CITY - ST - ZIP	D/P	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, KEERSTEN		NAME	100133812301	
STREET ADDRESS	20 N. ORANGE AVENUE, STE 1500		STREET ADDRESS	07/31/08--U1016--011 **61.25	
CITY - ST - ZIP	ORLANDO, FL 32801		CITY - ST - ZIP	D/S	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEHLE, SUZANNE		NAME	D/T	
STREET ADDRESS	1000 LEGION PLACE, STE 1700		NAME	ARENDA, CHRISTINE E.	
CITY - ST - ZIP	ORLANDO, FL 32801		STREET ADDRESS	545 DELANEY AVE., SUITE 6	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERCY-FLAKES, VALENCIA		NAME	MILAM, COURTNEY L.	
STREET ADDRESS	322 N MAGNOLIA AVENUE		STREET ADDRESS	1000 LEGION PLACE, SUITE 1700	
CITY - ST - ZIP	ORLANDO, FL 32801		CITY - ST - ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MOSES, JAMIE B.	
STREET ADDRESS			STREET ADDRESS	20 N. ORANGE AVE, SUITE 1500	
CITY - ST - ZIP			CITY - ST - ZIP	ORLANDO, FL 32801	
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:  <b>SUZANNE MEEHLE</b> 6/16/2008 407-581-9100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					