2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003884

FILED Apr 06, 2009 Secretary of State

Entity Name: CENTRAL FLORIDA ASSOCIATION FOR WOMEN LAWYERS, INC.

Current Principal Place of Business: New Principal Place of Business:

20 N. ORANGE AVENUE **SUITE 1500**

ORLANDO, FL 32801

Current Mailing Address:

New Mailing Address:

ORLANDO, FL 32801

332 N. MAGNOLIA AVENUE

P.O. BOX 3351

ORLANDO, FL 32802 US

FEI Number: 59-3266285 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTINEZ, KEERSTEN H 20 N. ORANGE AVENUE **SUITE 1500**

ORLANDO, FL 32801 US

ETZLER, MARY ANN 332 N. MAGNOLIA AVENUE ORLANDO, FL 32801

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: MARY ANN ETZLER 04/06/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition SARAH, REINER P ETZLER, MARY ANN Name: Name: 301 E. PINE STREET Address: 332 N. MAGNOLIA AVENUE Address:

City-St-Zip: ORLANDO, FL 32801 US City-St-Zip: ORLANDO, FL 32801 US Title: PD Title:

() Delete (X) Change () Addition MARTINEZ, KEERSTEN Name: ARENDAS, CHRISTINE E Name: Address: Address:

20 N. ORANGE AVENUE, STE 1500 400 N. NEW YORK AVENUE, STE. 104 City-St-Zip: ORLANDO, FL 32801 City-St-Zip: WINTER PARK, FL 32789

Title: () Delete Title: (X) Change () Addition MEEHLE, SUZANNE Name: FULLER, JOYCE C Name:

1000 LEGION PLACE, STE 1700 Address: Address: 1887 LEE ROAD City-St-Zip: ORLANDO, FL 32801 City-St-Zip: WINTER PARK, FL 32789

(X) Change () Addition Title: TD () Delete Title:

Name: ARENDAS, CHRISTINE E Name: MEEHLE, SUZANNE D 545 DELANEY AVE., STE. 6 1000 LEGION PLACE, STE. 1700 Address: Address:

City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801

Title: () Delete Title: () Change () Addition MILAM, COURTNEY L Name: Name:

1000 LEGION PLACE, STE. 1700 Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

MOSES, JAMIE B Name: Name: Address: 20 N. ORANGE AVENUE, SUITE 1500 Address: ORLANDO, FL 32801 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTINE E. ARENDAS VP 04/06/2009