

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009129

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: FLORIDA ALLIANCE OF PARALEGAL ASSOCIATIONS, INC.

**Current Principal Place of Business:**

11710 SW 119 PLACE ROAD  
MIAMI, FL 331865119 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 31-0745  
MIAMI, FL 332310745 US

**New Mailing Address:**

FEI Number: 37-1496796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VESSELS, LISA B CP  
11710 SW 119 PLACE ROAD  
MIAMI, FL 331865119 US

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

VESSELS, LISA B CP FRP  
11710 SW 119 PLACE ROAD  
MIAMI, FL 331865119 US

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: LISA VESSELS

04/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VESSELS, LISA B CP  
Address: P.O. BOX 31-0745  
City-St-Zip: MIAMI, FL 332310745 US

Title: T ( ) Delete  
Name: HARDY, REBECCA S FRP  
Address: P.O. BOX 31-0745  
City-St-Zip: MIAMI, FL 332310745 US

Title: VP ( ) Delete  
Name: STARKS, JOHN JR  
Address: P.O. BOX 31-0745  
City-St-Zip: MIAMI, FL 332310745 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: VESSELS, LISA B CP, FRP  
Address: P.O. BOX 31-0745  
City-St-Zip: MIAMI, FL 332310745 US

Title: T (X) Change ( ) Addition  
Name: LEVINE, SUSAN L CP, FRP  
Address: P.O. BOX 31-0745  
City-St-Zip: MIAMI, FL 332310745 US

Title: VP (X) Change ( ) Addition  
Name: STARKS, JOHN JR, FRP  
Address: P.O. BOX 31-0745  
City-St-Zip: MIAMI, FL 332310745 US

Title: S ( ) Change (X) Addition  
Name: BEATTY, NANCY N CP, FRP  
Address: P.O. BOX 31-0745  
City-St-Zip: MIAMI, FL 332310745 US

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: LISA VESSELS

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date