

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009129

FILED
May 10, 2011
Secretary of State

Entity Name: FLORIDA ALLIANCE OF PARALEGAL ASSOCIATIONS, INC.

Current Principal Place of Business:

20251 NE 24TH AVENUE
MIAMI, FL 33180 US

New Principal Place of Business:

15312 VIREOGLLEN LANE
LITHIA, FL 33547 US

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:

WORKMAN, MARK
20251 NE 24TH AVENUE
MIAMI, FL 33180 US

Name and Address of New Registered Agent:

LEVINE, SUSAN
15312 VIREOGLLEN LANE
LITHIA, FL 33547 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: SUSAN LEVINE

05/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEVINE, SUSAN CP, FRP
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 332310745 US

Title: T
Name: LUCIA, FERNANDEZ ACP FRP
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 332310745 US

Title: VP
Name: VESSELS, LISA CP, FRP
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 332310745 US

Title: S
Name: RANDOLPH, S. RANDON EJD
Address: P.O. BOX 31-0745
City-St-Zip: MIAMI, FL 332310745

I hereby 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 all other like empowered.

SIGNATURE: SUSAN LEVINE

P

05/10/2011

Electronic Signature of Signing Officer or Director

Date