

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009129

**FILED**  
**Jan 08, 2015**  
**Secretary of State**  
**CC2880651572**

**Entity Name:** FLORIDA ALLIANCE OF PARALEGAL ASSOCIATIONS, INC.

**Current Principal Place of Business:**

1878 INDIAN RIVER DRIVE  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

1878 INDIAN RIVER DRIVE  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 37-1496796

**Certificate of Status Desired:** No

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

WELCKER, DANA  
1878 INDIAN RIVER DRIVE  
FLEMING ISLAND, FL 32003 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MERLIN, EMILY CP  
Address 3227 FIELDER ST.  
City-State-Zip: TAMPA FL 33611

Title T  
Name PORTUONDO, NORA  
Address 1500 MIAMI CENTER  
201 SOUTH BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33131

Title SECRETARY  
Name WILE, ELLEN ACP, FRP  
Address 1401 8TH AVE W  
City-State-Zip: BRADENTON FL 34205

Title VP  
Name WELCKER, DANA ACP, FRP  
Address 1878 INDIAN RIVER DRIVE  
City-State-Zip: FLEMING ISLAND FL 32003

*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:** EMILY MERLIN

**PRESIDENT**

**01/08/2015**

Electronic Signature of Signing Officer/Director Detail

Date