

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009129

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

**Current Principal Place of Business:**

3227 W FIELDER STREET  
TAMPA, FL 33611

**Current Mailing Address:**

P. O. BOX 172613  
TAMPA, FL 33672-2613 US

**FEI Number: 37-1496796**

**Certificate of Status Desired: No**

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

MERLIN, EMILY  
3227 W FIELDER STREET  
TAMPA, FL 33611 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:** EMILY MERLIN

04/28/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OFFICER, PP  
Name MYSKIW-JONES, MARYANN ACP  
Address P. O. BOX 172613  
City-State-Zip: TAMPA FL 33672-2613

Title TREASURER  
Name SCHROEDER, ELAINE  
Address P. O. BOX 172613  
City-State-Zip: TAMPA FL 33672-2613

Title SECRETARY  
Name MERLIN, EMILY CP  
Address 3227 W FIELDER STREET  
City-State-Zip: TAMPA FL 33611

Title PRESIDENT  
Name REQUEJADO, AILEEN  
Address P. O. BOX 172613  
City-State-Zip: TAMPA FL 33672-2613

*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

**SECRETARY**

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date