

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009129

**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 SERRANO, NITA RP  
Address 10904 N. 29TH ST  
City-State-Zip: TAMPA FL 33612

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

Title T  
Name BEATY, NANCY N ACP, FRP  
Address 8950 FONTANA DEL SOL WAY  
SUITE 100  
City-State-Zip: NAPLES FL 34109

Title VP  
Name SMITH, ALLISON T ACP, FRP  
Address 7530 WESTLAND OAKS DR.  
City-State-Zip: JACKSONVILLE FL 32244

*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: NANCY N. BEATY**

**TREASURER**

**02/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date