

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Feb 11, 2009**  
**Secretary of State**

DOCUMENT# 736771

**Entity Name:** PARALEGAL ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**349 GRANADA RD  
WEST PALM BEACH, FL 33401**New Principal Place of Business:****Current Mailing Address:**PO BOX 7073  
WEST PALM BEACH, FL 33405**New Mailing Address:****FEI Number:** 59-1727236**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PRUITT, ALISON  
349 GRANADA RD  
WEST PALM BEACH, FL 33401 US**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:****Title:** PRES ( ) Delete  
**Name:** THOMAS, LOUISE  
**Address:** 6731 MANGO AVE. S.  
**City-St-Zip:** ST PETERSBURG, FL 33707**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VP ( ) Change (X) Addition  
**Name:** SORRENTINO, JOANNE  
**Address:** 5747 NW 109 LANE  
**City-St-Zip:** CORAL SPRINGS, FL 33076**Title:** 2 VP ( ) Change (X) Addition  
**Name:** MCGHEE, KAREN  
**Address:** 1997 S.E. FRANCISCAN STREET  
**City-St-Zip:** PORT ST. LUCIE, FL 34983**Title:** SEC. ( ) Change (X) Addition  
**Name:** SCHAFFER, AMY  
**Address:** 1800 SECOND ST. #777  
**City-St-Zip:** SARASOTA, FL 34236**Title:** TRES ( ) Change (X) Addition  
**Name:** DWINELL, NANCY  
**Address:** 225 16TH AVENUE  
**City-St-Zip:** VERO BEACH, FL 32962**Title:** PARL ( ) Change (X) Addition  
**Name:** MURPHY, NANCY  
**Address:** 1909 E NELSON CR.  
**City-St-Zip:** TALLAHASSEE, FL 32303

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: ALISON PRUITT

DIR.

02/11/2009

Electronic Signature of Signing Officer or Director

Date