

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736771

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**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  
Name: SORRENTINO, JOANNE  
Address: 5747 NW 109 LANE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP  
Name: AVERILL, MARGARET J  
Address: 3205 1ST RD  
City-St-Zip: VERO BEACH, FL 32968

Title: 2 VP  
Name: STRINGFELLOW, TANA  
Address: ONE INDEPENDENT DRIVE, SUITE 1300  
City-St-Zip: JACKSONVILLE, FL 32202

Title: TRES  
Name: DWINELL, NANCY  
Address: 225 16TH AVENUE  
City-St-Zip: VERO BEACH, FL 32962

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: ALISON PRUITT

MS.

01/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date