

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736771

**FILED**  
**Mar 08, 2011**  
**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:**

PO BOX 301  
WEST PALM BEACH, FL 33402

**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: P.O. BOX 880073  
City-St-Zip: BOCA RATON, FL 33488

Title: VP  
Name: SCHAFFER, AMY  
Address: 1800 SECOND ST #777  
City-St-Zip: SARASOTA, FL 34236

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

Title: TRES  
Name: WALLACE, JENNIFER  
Address: 1232 ALPINE LAKE DRIVE  
City-St-Zip: BRANDON, FL 33511

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

ED

03/08/2011

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

\_\_\_\_\_  
Date