

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90146 013 ****61.25

DOCUMENT # N00000007733

1. Entity Name
TAMPA BAY PARALEGAL ASSOCIATION, INC.



Principal Place of Business
**PO BOX 2840
TAMPA, FL 33601**

Mailing Address
**PO BOX 2840
TAMPA, FL 33601**

50020588



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05162006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-3693567

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERLIN, WILLIAM SR
GUNN MARLIN PA
601 BAYSHORE BLVD, SUITE 800
TAMPA, FL 33606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **JACKSON, ROCHELLE**
STREET ADDRESS **201 E KENNEDY BLVD, # 1000**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **DV** ☒ Delete
NAME **BROWN, JAN**
STREET ADDRESS **2413 BUCKHORN RUN DR**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **DV** ☒ Delete
NAME **BRENNAN, HOLLEY**
STREET ADDRESS **401 E GRECO DR**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **DT** ☒ Delete
NAME **WOLLITZ, KAREN**
STREET ADDRESS **401 E JACKSON ST, # 2700**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **D** ☒ Delete
NAME **MITCHELL, LEE ANN**
STREET ADDRESS **16825 HARRIER RIDGE PL**
CITY-ST-ZIP **LITHIA, FL 33547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/P** ☐ Change ☒ Addition
NAME **MCKAY, MARY**
STREET ADDRESS **100 S. Ashley Dr, Ste 1300**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **DV** ☐ Change ☒ Addition
NAME **Merlin-Closuit, Emily**
STREET ADDRESS **8735 Henderson Road**
CITY-ST-ZIP **Tampa, FL**

TITLE **D/V** ☒ Change ☒ Addition
NAME **Quigley, Jay**
STREET ADDRESS **100 So. Ashley Dr. Ste 1300**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **D/S** ☐ Change ☒ Addition
NAME **Matthews, Leslie**
STREET ADDRESS **100 So. Ashley Dr. Ste 1300**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **D/T** ☐ Change ☒ Addition
NAME **AKins, Nancy**
STREET ADDRESS **777 S. Harbour Island Blvd**
CITY-ST-ZIP **#950 Tampa, FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary J McKay, Pres.* **2/15/2006** **813-229-3333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #