

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90033 006 \*\*\*\*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**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3693567** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**Merlin, William Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**MERLIN Law Group, P.A.**  
**777 S. Harbour Island Blvd., Suite 950**  
City **Tampa** FL Zip Code **33602**

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]* DATE **3-14-07**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 **MCKAY, MARY**  
STREET ADDRESS **100 SOUTH ASHLEY DR SUITE 1300**  
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **DV** ☒ Delete  
NAME **MARLIN-CLOSUIT, EMILY**  
STREET ADDRESS **8735 HENDERSON RD**  
CITY-ST-ZIP **TAMPA, FL**

TITLE **DV** ☒ Delete  
NAME **QUIGLEY, JAY**  
STREET ADDRESS **100 SOUTH ASHLEY DR SUITE 1300**  
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **DS** ☒ Delete  
NAME **MATTHEWS, LESLIE**  
STREET ADDRESS **100 SOUTH ASHLEY DR SUITE 1300**  
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **DT** ☐ Delete  
NAME **AKINS, NANCY**  
STREET ADDRESS **777 SOUTH HARBOUR ISLAND BLVD**  
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition  
NAME **Mitchell, Lee Ann**  
STREET ADDRESS **101 E. Kennedy Blvd., Suite 2700**  
CITY-ST-ZIP **Tampa, Florida 33601-1102**

TITLE **DV** ☒ Change ☐ Addition  
NAME **Brown, Jan**  
STREET ADDRESS **1515 N. Marion Street**  
CITY-ST-ZIP **Tampa, Florida 33602**

TITLE **DV** ☒ Change ☐ Addition  
NAME **Serrano, Nita**  
STREET ADDRESS **900 W. Platt Street**  
CITY-ST-ZIP **Tampa, Florida 33606**

TITLE **DS** ☒ Change ☐ Addition  
NAME **DeAntoneo, Yvonne**  
STREET ADDRESS **900 W. Platt Street**  
CITY-ST-ZIP **Tampa, Florida 33606**

TITLE **DT** ☒ Change ☐ Addition  
NAME **Akins, Nancy**  
STREET ADDRESS **2304 W. Cleveland Street**  
CITY-ST-ZIP **Tampa, Florida 33609**

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: Lee Ann Mitchell, President** *[Signature]* **1-10-07** **(813)202-7824**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #