

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90013 017 \*\*\*\*78.75



**DOCUMENT # N04000009129**  
 1. Entity Name  
**FLORIDA ALLIANCE OF PARALEGAL ASSOCIATIONS, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>226-5 SOLANA ROAD<br>SUITE 177<br>PONTE VEDRA BEACH, FL 32082 | Mailing Address<br>226-5 SOLANA ROAD<br>SUITE 177<br>PONTE VEDRA BEACH, FL 32082 |
|--|--|



01192006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>37-1496796                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

STRINGFELLOW, TANA J CP  
 ONE INDEPENDENT DRIVE  
 SUITE 1300  
 JACKSONVILLE, FL 32202

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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 May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>STRINGFELLOW, TANA J CP<br>226-5 SOLANA ROAD, SUITE 177<br>PONTE VEDRA BEACH, FL 32082 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>LONG, VERA CLAS<br>777 SOUTH FLAGLER DRIVE, SUITE 500E<br>WEST PALM BEACH, FL 33401    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>LEVINE, SUSAN CLAS<br>P.O. BOX 2094<br>SARASOTA, FL 34230                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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:** *Tana J. Stringfellow*  
 TANA J. STRINGFELLOW  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06 904-359-8741  
Date Daytime Phone #