

**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

226-5 SOLANA ROAD  
SUITE 177  
PONTE VEDRA BEACH, FL 32082

Mailing Address

226-5 SOLANA ROAD  
SUITE 177  
PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE IN THIS SPACE**



01192006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**37-1496796**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
STRINGFELLOW, TANA J CP  
226-5 SOLANA ROAD, SUITE 177  
PONTE VEDRA BEACH, FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
LONG, VERA CLAS  
777 SOUTH FLAGLER DRIVE, SUITE 500E  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
LEVINE, SUSAN CLAS  
P.O. BOX 2094  
SARASOTA, FL 34230

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Date

904-359-8741

Daytime Phone #