2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009129

FILED Apr 20, 2012 Secretary of State

Entity Name: FLORIDA ALLIANCE OF PARALEGAL ASSOCIATIONS, INC.

Current Principal Place of Business: New Principal Place of Business:

15312 VIREOGLEN LANE

LITHIA, FL 33547 US

1878 INDIAN RIVER DRIVE
FLEMING ISLAND, FL 32003 US

Current Mailing Address: New Mailing Address:

P.O. BOX 31-0745 1878 INDIAN RIVER DRIVE MIAMI, FL 332310745 US FLEMING ISLAND, FL 32003 US

FEI Number: 37-1496796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEVINE, SUSAN

15312 VIREOGLEN LANE

LITHIA, FL 33547 US

WELCKER, DANA

1878 INDIAN RIVER DRIVE

FLEMING ISLAND, FL 32003 US

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: DANA WELCKER 04/20/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: WELCKER, DANA ACP/FRP
Address: 1878 INDIAN RIVER DR
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: T

 Name:
 BREAZ, MARY LOU CP FRP

 Address:
 580 7TH ST NW

 City-St-Zip:
 NAPLES, FL 34120 US

Title: VP

Name: SKONIE, TAMMY CP, FRP

Address: 1515 RINGLING BOULEVARD, SUITE 700

City-St-Zip: SARASOTA, FL 34236 US

Title: S

Name: PORTUONDO, NORA FRP Address: 201 S BISCAYNE BLVD City-St-Zip: MIAMI, FL 331314332

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: MARY LOU BREAZ, CP, FRP T 04/20/2012