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## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 30, 2008 8:00 am **Secretary of State**

01-30-2008 90026 040 \*\*\*\*61.25

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1. Entity Name



GULF COAST PARALEGAL ASSOCIATION, INC. 40013485 Mailing Address Principal Place of Business 5801 PELICAN BAY BLVD 5801 PELICAN BAY BLVD STE 300 STE 300 NAPLES, FL 34108 NAPLES, FL 34108 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01222008 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 20-8831228 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANDOLPH, S. RANDON 5801 PELICAN BAY BLVD Street Address (P.O. Box Number is Not Acceptable) **STE 300** NAPLES, FL 34108 City 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. П Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE TITLE XX Delete Change Addition BREAZ, MARY LOU NAME NAME Beaty, Nancy STREET ADDRESS 580 7TH ST NW STREET ADDRESS 6631 Vancouver Ln NAPLES, FL 34120 CITY+ST-ZIP CITY-ST-ZIP Naples, FL 34104 nne (2) Yelele TITLE 1VP XX Change ☐ Addition Regula, Carol 65 Emerald Woods Drive E-10 KNUDSON, WANDA NAME NAME STREET ADDRESS 38 4TH ST STREET ADDRESS Naples, FL 34108 BONITA SPRINGS, FL 34134 CITY-ST-7IP CITY-ST-ZIP 2VP ☐ Delete TITLE TITLE Change ☐ Addition NAME RAMBOSK, PAT NAME 616 BINNACLE DR STREET ADDRESS STREET ADDRESS NAPLES, FL 34103 CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE XXX Change ■ Addition Andrea Mayes EVANS, LYNN NAME NAME 1095 JARDIN DR 4590 Robin Avenue STREET ADDRESS STREET ADDRESS NAPLES, FL 34104 CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34104 XX Delete XXX Change TITLE TITLE ☐ Addition Ēvans, Lynn 1095 Jardin Drive BEATY, NANCY NAME NAME STREET ADDRESS 6631 VANCOUVER LN STREET ADDRESS Naples, FL 34104 CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition FOWLER, LISA NAME NAME STREET ADDRESS 3102 50TH ST W LN STREET ADDRESS LEHIGH ACRES, FL. 33971 CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 817, 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: M	my M Beaty	Nancy N. Beaty	1/5/08	(239)263-1492
she	HATURE AND TYPED OR PRINTED NAME OF SKINING	OFFICER OR DIRECTOR	Date	Daytims Phone #