

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000010019

**FILED**  
**May 30, 2012**  
**Secretary of State**

**Entity Name:** FOUNDATION FOR LAW AGENCY SUPPORT, INC.

**Current Principal Place of Business:**

946 SEAWAY DR SUITE B  
FORT PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 906  
FORT PIERCE, FL 34954

**New Mailing Address:**

**FEI Number:** 45-3591046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHEPHERD, LILLIAN S  
946 SEAWAY DR SUITE B  
FORT PIERCE, FL 34949 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** JESPER, STAHLFORS  
**Address:** 946 SEAWAY DRIVE SUITE B  
**City-St-Zip:** FORT PIERCE, FL 34949

**Title:** SEC  
**Name:** LILLIAN, SHEPHERD  
**Address:** 946 SEAWAY DRIVE SUITE B  
**City-St-Zip:** FORT PIERCE, FL 34949

**Title:** VP  
**Name:** JAMES, JABLONSKI  
**Address:** 327 GRAND CLUB DRIVE  
**City-St-Zip:** FORT PIERCE, FL 34982

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:** LILLIAN SHEPHERDE

SEC

05/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date