

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27228

FILED  
Apr 01, 2010  
Secretary of State

**Entity Name:** NORTHEAST FLORIDA PARALEGAL ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O SMITH & HULSEY  
225 WATER ST, STE 1800  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

221 N HOGAN ST BOX 164  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

**FEI Number:** 59-2902263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH & HULSEY  
WACHOVIA BUILDING, SUITE 1800  
225 WATER STREET  
JACKSONVILLE, FL 32202 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:** T  
**Name:** O'GRADY, NANCY L  
**Address:** 221 N. HOGAN ST., BOX 164  
**City-St-Zip:** JACKSONVILLE, FL 32202 US

**Title:** P  
**Name:** HOUSTON, CYNTHIA L  
**Address:** 221 N. HOGAN ST., BOX 164  
**City-St-Zip:** JACKSONVILLE, FL 32202 US

**Title:** VP  
**Name:** REID, CATHLEEN  
**Address:** 221 N. HOGAN ST., BOX 164  
**City-St-Zip:** JACKSONVILLE, FL 32202 US

**Title:** VP  
**Name:** RICHARD, MARY  
**Address:** 221 N. HOGAN ST., BOX 164  
**City-St-Zip:** JACKSONVILLE, FL 32202 US

**Title:** VP  
**Name:** FERNANDEZ, LUCIA  
**Address:** 221 N. HOGAN ST., BOX 164  
**City-St-Zip:** JACKSONVILLE, FL 32202 US

**Title:** VP  
**Name:** HOWELL, KATHRYN  
**Address:** 221 N. HOGAN ST., BOX 164  
**City-St-Zip:** JACKSONVILLE, FL 32202

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:** NANCY O'GRADY

T

04/01/2010

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

\_\_\_\_\_  
Date