

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27228

FILED
Apr 06, 2012
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: HOUSTON, CINDY L
Address: 221 N. HOGAN ST., BOX 164
City-St-Zip: JACKSONVILLE, FL 32202 US

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

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

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

Title: S
Name: MASON, NANCY
Address: 221 N. HOGAN ST., BOX 164
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VP
Name: WELCKER, DANA
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: CINDY HOUSTON

T

04/06/2012

Electronic Signature of Signing Officer or Director

Date