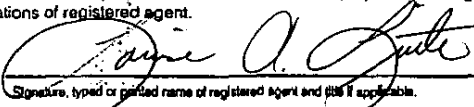
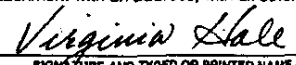


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

04-26-2004 90417 044 ****61.25

DOCUMENT # N44330 1. Entity Name SARASOTA*MANATEE CHAPTER OF THE ASSOCIATION OF LEGAL ADMINISTRATORS, INC.					
Principal Place of Business 1750 RINGLING BLVD SARASOTA, FL 34236 US			Mailing Address P.O. BOX 48616 SARASOTA, FL 34230 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0271301	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOREY, LIZ 1750 RINGLING BLVD SARASOTA, FL 34236				Name Louise Little Street Address (P.O. Box Number is Not Acceptable) 1001 Avenida del Circo City Boone, Boone, Boone et al Venice FL 34292	
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  DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	SMITH, STEPHANIE		NAME		
STREET ADDRESS	2630 UNIVERSITY PKWY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	VIRGINIA, HALE S		NAME		
STREET ADDRESS	7101 S. TAMiami TR. STE. A		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	VP	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	HARPER, CATHY		NAME		
STREET ADDRESS	1800 SECOND ST		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	KING, SANDRA		NAME		
STREET ADDRESS	1819 MAIN ST. STE610		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	SD	☐ Change ☒ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	TD	☐ Change ☒ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:  VIRGINIA HALE 6/19/04 941-923-2771					