

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000460 (4)

1. Corporation Name

GREATER BOCA RATON CHAPTER ASSOCIATION OF LEGAL  
ADMINISTRATORS, INC.



Principal Place of Business

Mailing Address

5355 TOWN CENTER ROAD  
#301  
BOCA RATON FL 33486

5355 TOWN CENTER ROAD  
#301  
BOCA RATON FL 33486

3. Date Incorporated or Qualified

01/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2000 Glades Rd

26 2000 Glades Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 400

27 400

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

Zip

Country

Zip

Country

24 33431

25 USA

29 33431

30 USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and time if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE  
NAME BALDERSTON, BETTY LOU  
STREET ADDRESS 5355 TOWN CENTER RD., #301  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE DV ☐ DELETE  
NAME GOODRICH, KATHLEEN  
STREET ADDRESS 5355 TOWN CENTER RD., #301  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE DS ☐ DELETE  
NAME MAY, E. STEPHEN  
STREET ADDRESS 5355 TOWN CENTER RD., #301  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE DT ☒ DELETE  
NAME BOLL, DENNIS M  
STREET ADDRESS 5355 TOWN CENTER RD., #301  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME Goodrich, Kathleen  
1.3 STREET ADDRESS 2600 N. Military Trail, 4th Floor  
1.4 CITY-ST-ZIP Boca Raton, FL 33431

2.1 TITLE Vice-President ☐ Change ☐ Addition  
2.2 NAME May, E. Stephen  
2.3 STREET ADDRESS 100 W. Cypress Creek Rd., Suite 700  
2.4 CITY-ST-ZIP Ft. Lauderdale FL 33309

3.1 TITLE Secretary ☐ Change ☐ Addition  
3.2 NAME Pires, Alex  
3.3 STREET ADDRESS 4800 N. Federal Hwy, Tower B, Suite 300  
3.4 CITY-ST-ZIP Boca Raton, FL 33431

4.1 TITLE Treasurer ☐ Change ☐ Addition  
4.2 NAME Maria Gordillo  
4.3 STREET ADDRESS 2000 Glades Ad., Suite 400  
4.4 CITY-ST-ZIP Boca Raton, FL 33431

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Maria Gordillo (Maria Gordillo)

7/17/96

561-394-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000824

CR2E037 (3/96)