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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000460 (4)**

1. Corporation Name

GREATER BOCA RATON CHAPTER ASSOCIATION OF LEGAL ADMINISTRATORS, INC.

Principal Place of Business

Mailing Address

2000 GLADES ROAD
SUITE 400
BOCA RATON FL 33431
US

2000 GLADES ROAD
SUITE 400
BOCA RATON FL 33431-8599
US

3. Date Incorporated or Qualified
01/30/1995

3a. Date of Last Report
07/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **GOODRICH, KATHLEEN**
STREET ADDRESS **2600 N MILITARY TRAIL 4TH FLOOR**
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **GORDILLO, MARIA**
1.3 STREET ADDRESS **2000 Glades Road, Suite 400**
1.4 CITY-ST-ZIP **Boca Raton, FL 33434**

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

2.1 TITLE **DV** ☒ Change ☐ Addition
2.2 NAME **PIRES, ALEX W.**
2.3 STREET ADDRESS **Tower B - Suite 300, 4800 N. Federal Hwy., Boca Raton, FL 33431**
2.4 CITY-ST-ZIP **FL 33431**

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

3.1 TITLE **DS** ☒ Change ☐ Addition
3.2 NAME **MESSINA, JILL**
3.3 STREET ADDRESS **7900 Glades Road, Suite 330**
3.4 CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE **T** ☐ DELETE
NAME **GORDILLO, MARIA**
STREET ADDRESS **2000 GLADES ROAD SUITE 400**
CITY-ST-ZIP **BOCA RATON FL**

4.1 TITLE **T** ☒ Change ☐ Addition
4.2 NAME **OTT, DOLORES C.**
4.3 STREET ADDRESS **2101 Corporate Blvd., Suite 220**
4.4 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Dolores C. Ott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dolores C. Ott, Treasurer 4/30/97 (561) 988-2100
Date Daytime Phone # 0038705

CR2E037 (9/96)