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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N96000003489**

1. Corporation Name

**FLORIDA CAPITAL CHAPTER ASSOCIATION OF LEGAL ADM  
 INISTRATORS, INC.**

Principal Place of Business

215 S. MONROE ST.  
 SUITE 600  
 TALLAHASSEE FL 32301  
 US

Mailing Address

P.O. BOX 2174  
 TALLAHASSEE FL 32316  
 US



2. Principal Place of Business

21 2804 Remington Green Circle  
 Suite, Apt. #, etc.

22 City & State  
 23 Tallahassee, FL

24 Zip 32308 25 Country US

2a. Mailing Address

26 P.O. Box 14  
 Suite, Apt. #, etc.

27 City & State  
 28 Tallahassee

29 Zip FL 30 Country US

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

59-3157693

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

9. Name and Address of Current Registered Agent

DOLL, DIANE L  
 215 S. MONROE ST.  
 SUITE 600  
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name Connie Collins  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 2804 Remington Green Circle  
 83  
 84 City Tallahassee FL 85 Zip Code 32308

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

*Connie Collins*  
 Signature, typed or printed name of registered agent and title if applicable.

Connie Collins

March 3, 1999

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
 NAME DOLL, DIANE L  
 STREET ADDRESS 215 S. MONROE ST., STE. 600  
 CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE DS  
 NAME COLLINS, CONNIE  
 STREET ADDRESS 2804 REMINGTON GREEN CIRCLE  
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DT  
 NAME DANDER, LINDA D  
 STREET ADDRESS 125 S. GADSDEN ST., SUITE 300  
 CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D  
 NAME WILLIAMS, DEBRA SUE  
 STREET ADDRESS 1824 GOLF TERRACE DRIVE  
 CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE DV  
 NAME KIRKPATRICK, NITA  
 STREET ADDRESS 300 S. ADAMS ST., BOX A-5  
 CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
 1.2 NAME Collins, Connie  
 1.3 STREET ADDRESS 2804 Remington Green Circle  
 1.4 CITY-ST-ZIP Tallahassee, FL 32308

2.1 TITLE DS  
 2.2 NAME Gossett, Jamie  
 2.3 STREET ADDRESS 1004 DeSoto Park Drive  
 2.4 CITY-ST-ZIP Tallahassee, FL 32301

3.1 TITLE DT  
 3.2 NAME McCormick, Lane  
 3.3 STREET ADDRESS 215 S. Monroe St., Suite 420  
 3.4 CITY-ST-ZIP Tallahassee, FL 32301

4.1 TITLE DV  
 4.2 NAME Callen, Ronald  
 4.3 STREET ADDRESS 227 South Calhoun St.  
 4.4 CITY-ST-ZIP Tallahassee, FL 32301

5.1 TITLE D  
 5.2 NAME Dander, Linda D.  
 5.3 STREET ADDRESS 125 S. Gadsden St., Suite 300  
 5.4 CITY-ST-ZIP Tallahassee, FL 32301

6.1 TITLE D  
 6.2 NAME Doll, Diane L.  
 6.3 STREET ADDRESS 215 S. Monroe St., Suite 600  
 6.4 CITY-ST-ZIP Tallahassee, FL 32301

14. 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 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, with all other like empowered.

SIGNATURE: *Linda Dander* SIGNATURE REQUIRED: *Linda D. Dander* March 3, 1999 850-212-5702  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)