


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90106 042 ****61.25

DOCUMENT # N96000003489 1. Entity Name FLORIDA CAPITAL CHAPTER ASSOCIATION OF LEGAL ADMINISTRATORS, INC.					
Principal Place of Business 201 S. MONROE STREET TALLAHASSEE, FL 32301 US			Mailing Address 201 S. MONROE STREET TALLAHASSEE, FL 32301 US		
2. Principal Place of Business 651 E. Jefferson St Suite, Apt. #, etc.		3. Mailing Address 651 E. Jefferson St Suite, Apt. #, etc.			
City & State Tallahassee FL Zip 32399 Country USA		City & State Tallahassee FL Zip 32399 Country USA		4. FEI Number 59-3157693	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROLLINS, GLORIA J 201 S. MONROE STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Judith EQUELS Street Address (P.O. Box Number is Not Acceptable) 651 E. Jefferson St City Tallahassee FL Zip Code 32399		
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 Judith D. EQUELS <i>[Signature]</i> 4/28/05 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating).</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P ROLLINS, GLORIA J 201 S. MONROE STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FROST, DEBRA Y 301 S. BRONOUGH STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cheryl K. Izler 215 S. Monroe St, Suite 500 Tallahassee FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDSMITH, LESLIE 215 S MONROE STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP GOSSETT, JAMIE A 1004 DESOTO PARK DRIVE TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 K. Lane McCormick 215 S. Monroe St., Ste 420 Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Judith D. Equeles 651 E. Jefferson Street Tallahassee FL 32399-2300	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Judith D. EQUELS 4/28/05 850-5615795		