

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

07 APR 25 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PSK*



04252007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-3157693

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # N96000003489

1. Entity Name  
FLORIDA CAPITAL CHAPTER ASSOCIATION OF LEGAL ADMINISTRATORS, INC.



Principal Place of Business  
651 E JEFFERSON ST  
TALLAHASSEE, FL 32399 US

Mailing Address  
651 E JEFFERSON ST  
TALLAHASSEE, FL 32399 US

2. Principal Place of Business - No P.O. Box #  
413 E PARK AVENUE  
Suite, Apt. #, etc.

3. Mailing Address  
413 E PARK AVENUE  
Suite, Apt. #, etc.

City & State  
TALLAHASSEE FL  
Zip  
32301  
Country  
LEON

City & State  
TALLAHASSEE FL  
Zip  
32301  
Country  
LEON

6. Name and Address of Current Registered Agent

EQUELS, LOMAS  
651 E JEFFERSON ST  
TALLAHASSEE, FL 32399

7. Name and Address of New Registered Agent

Name  
Debbie Frost  
Street Address (P.O. Box Number is Not Acceptable)

413 E PARK AVENUE  
City  
TALLAHASSEE FL Zip Code  
32301

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 *Debbie Frost* *Debbie Frost* 4/25/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25  
Due by May 1, 2007

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IGLER, CHERYL K 215 S MONROE ST, STE 500 TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDSMITH, LESLIE 3065 HIGHLAND OAKS TERRACE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCORMICK, K. LANE 215 S MONROE ST, STE 420 TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EQUELS, JUDITH D 651 E JEFFERSON ST TALLAHASSEE, FL 323992300	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Donald M. Dunn 651 E Jefferson Street Tallahassee FL 32399	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Peggy Smith 3015 S Brannough Street, Suite 200 Tallahassee FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Debbie Frost 413 E Park Avenue Tallahassee FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

800101351458  
05/03/07--01016--016 \*\*\$61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Debbie Frost* *Debbie Frost* 4/25/07 8502246205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #