


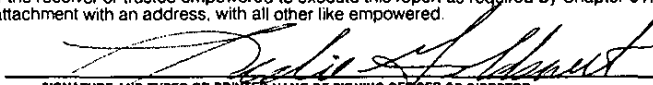


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000003489 1. Entity Name FLORIDA CAPITAL CHAPTER ASSOCIATION OF LEGAL ADMINISTRATORS, INC.						<div style="text-align: center;">FILED</div> <div style="text-align: center;">08 APR 16 PM 5:01</div> <div style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: center;">  </div>	
Principal Place of Business 413 E PARK AVE TALLAHASSEE, FL 32301 US				Mailing Address 413 E PARK AVE TALLAHASSEE, FL 32301 US			
2. Principal Place of Business - No P.O. Box # 3065 HIGHLAND OAKS TERRACE Suite, Apt. #, etc.				3. Mailing Address 3065 HIGHLAND OAKS TERRACE Suite, Apt. #, etc.			
City & State TALLAHASSEE, FL				City & State TALLAHASSEE, FL			
Zip 32301		Country USA		Zip 32301		Country USA	
4. FEI Number 59-3157693				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FROST, DEBBIE 413 E PARK AVE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name LESLIE GOLDSMITH Street Address (P.O. Box Number is Not Acceptable) 3065 HIGHLAND OAKS TERRACE 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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/16/08			
Filing Fee is \$61.25 Due by May 1, 2008				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	V DUNN, DONALD M 651 E JEFFERSON ST TALLAHASSEE, FL 32399 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S 700123794947 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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	04/17/08--01002--026 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, PEGGY 301 S BRONOUGH ST, SUITE 200 TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DERON JEWETT 1319 THOMASWOOD DR. TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FROST, DEBBIE 413 E PARK AVE TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATRICIA CHIN 215 S. MONROE ST., 2ND FLOOR TALLAHASSEE, FL 32301 <input checked="" 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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4/16/08			
				DAYTIME PHONE # (850) 222-3768			