

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90124 021 ****61.25

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1. Corporation Name

**SUNCOAST CHAPTER OF THE ASSOCIATION OF LEGAL ADM
INISTRATORS, INC.**

Principal Place of Business

P.O. BOX 2759
TAMPA FL 33601-2759

Mailing Address

P.O. BOX 2759
TAMPA FL 33601-2759



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/15/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3444284

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANEY, R. REID
101 E. KENNEDY BLVD., STE. 4100
TAMPA FL 33602

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 **PD** ☒ DELETE

NAME **BRENDA A CRUM**
STREET ADDRESS **2655 MCCORMICK DR**
CITY-ST-ZIP **CLEARWATER FL 33759**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE

NAME **GARY T SWISHER II**
STREET ADDRESS **101 E KENNEDY #4100**
CITY-ST-ZIP **TAMPA FL 33602**

2.1 TITLE **President/Director** ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE

NAME **QUIDA W FOX**
STREET ADDRESS **150 SECOND AVE M #1500**
CITY-ST-ZIP **ST. PETERSBURG FL 33731-1441**

3.1 TITLE **Secretary/Director** ☒ Change ☐ Addition

3.2 NAME **Teresa Stenner-Jones**
3.3 STREET ADDRESS **100 2nd Avenue South, 4th Floor**
3.4 CITY-ST-ZIP **St. Petersburg, FL 33701**

TITLE **TD** ☒ DELETE

NAME **DANIEL S DOYLE**
STREET ADDRESS **501 E KENNEDY #1400**
CITY-ST-ZIP **TAMPA FL 33602**

4.1 TITLE **Treasurer/Director** ☒ Change ☐ Addition

4.2 NAME **Natalie Monet Lorenzen**
4.3 STREET ADDRESS **1112 E. Kennedy Boulevard**
4.4 CITY-ST-ZIP **Tampa, Florida 33602**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **Vice President/Director** ☐ Change ☒ Addition

5.2 NAME **Annie Thornton**
5.3 STREET ADDRESS **601 Bayshore Blvd, Ste 700**
5.4 CITY-ST-ZIP **Tampa, FL 33606**

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 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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Natalie Monet Lorenzen, Treas **2/23/99** **813/229-9300**

CR2E037 (11/98)