

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90029 013 ****61.25

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1. Entity Name

SUNCOAST CHAPTER OF THE ASSOCIATION OF LEGAL ADMINISTRATORS, INC.



Principal Place of Business

**911 CHESTNUT STREET
CLEARWATER FL 33756
US**

Mailing Address

**P O BOX 1368
CLEARWATER FL 33757
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3444284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ELLWOOD, SHARON
101 E KENNEDY BLVD
SUITE 2700
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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
PD
ELLWOOD, SHARON
101 E KENNEDY BLVD SUITE 2700
TAMPA FL 33602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
NOVAK, FRANCES E
PO BOX 1110
TAMPA FL 33601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
HAGUE, CAROL
PO BOX 1360
CLEARWATER FL 33757 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
Marlowe, Constance
324 S. Hyde Park Ave Suite 210
Tampa FL 33606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Change ☒ Addition

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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

Sharon Ellwood Sharon Ellwood

Date

2/12/04

Daytime Phone #

813-227-7442