2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# N97000002153

Entity Name: SUNCOAST CHAPTER OF THE ASSOCIATION OF LEGAL ADMINISTRATORS, INC.

Current Principal Place of Business:

911 CHESTNUT STREET
CLEARWATER, FL 33756 US

New Principal Place of Business:

1560 W. CLEVELAND STREET
TAMPA, FL 33606 US

Current Mailing Address:

P O BOX 1368
CLEARWATER, FL 33757 US

New Mailing Address:

1560 W. CLEVELAND STREET
TAMPA, FL 33606 US

FEI Number: 59-3444284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MARLOWE, CONNIE
1560 W. CLEVELAND STREET
TAMPA, FL 33606 US

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.

SIGNATURE: CONNIE MARLOWE 04/04/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: ELLWOOD, SHARON
Address: 101 E KENNEDY BLVD SUITE 2700
City-St-Zip: TAMPA, FL 33602

Title: PD ( ) Delete
Name: NOVAK, FRANCES E
Address: PO BOX 1110
City-St-Zip: TAMPA, FL 33601

Title: VPD ( ) Delete
Name: MARLOUE, CONSTANCE
Address: 324 S HYDE PARK AVE, STE 210
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: NOVAK, FRANCES
Address: POST OFFICE BOX 1100
City-St-Zip: TAMPA, FL 33601

Title: PD (X) Change ( ) Addition
Name: MARLOWE, CONNIE
Address: 1560 W. CLEVELAND STREET
City-St-Zip: TAMPA, FL 33606

Title: VPD (X) Change ( ) Addition
Name: BAIER, PEGGY
Address: 2633 MCCORMICK DRIVE, SUITE 101
City-St-Zip: CLEARWATER, FL 33759

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE MARLOWE PD 04/04/2005
Electronic Signature of Signing Officer or Director Date