2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2007
Secretary of State

DOCUMENT# N97000002153

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

Current Principal Place of Business:

2633 MCCORMICK DRIVE, SUITE 101
CLEARWATER, FL 33759 US

New Principal Place of Business:

201 E. KENNEDY BLVD
SUITE 600
TAMPA, FL 33602 US

Current Mailing Address:

2633 MCCORMICK DRIVE, SUITE 101
CLEARWATER, FL 33659 US

New Mailing Address:

201 E. KENNEDY BLVD
SUITE 600
TAMPA, FL 33602 US

FEI Number: 59-3444284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BAIER, PEGGY
Address: 2633 MCCORMICK DRIVE, SUITE 101
City-St-Zip: CLEARWATER, FL 33759

Title: VPD ( ) Delete
Name: SCHEINER, SUSAN D
Address: 201 E. KENNEDY BLVD., STE. 600
City-St-Zip: TAMPA, FL 33602

Title: TD ( ) Delete
Name: TAYLOR, KITTYE
Address: P. O. BOX 1110
City-St-Zip: TAMPA, FL 33601

Title: SD ( ) Delete
Name: SULLIVAN, SUZETTE
Address: 3308 CLEVELAND HEIGHTS BLVD.
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: STINSON, ELOISE
Address: 100 SOUTH ASHLEY, SUITE 1190
City-St-Zip: TAMPA, FL 33602

Title: PD (X) Change ( ) Addition
Name: SCHEINER, SUSAN D
Address: 201 E. KENNEDY BLVD., STE. 600
City-St-Zip: TAMPA, FL 33602

Title: TD (X) Change ( ) Addition
Name: LOVERING, DORIS A
Address: PO BOX 387
City-St-Zip: ST. PETERSBURG, FL 33731

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DORIS A. LOVERING D 08/28/2007

Electronic Signature of Signing Officer or Director — Date