## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000002153

FILED Jan 25, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

201 E. KENNEDY BLVD 100 SOUTH ASHLEY DRIVE

SUITE 600 SUITE 1190

TAMPA, FL 33602 US TAMPA, FL 33602 US

Current Mailing Address: New Mailing Address:

201 E. KENNEDY BLVD 100 SOUTH ASHLEY DRIVE SUITE 600 SUITE 1190

TAMPA, FL 33602 US TAMPA, FL 33602 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARLOWE, CONNIE M STINSON, ELOISE 1560 W. CLEVELAND STREET 100 SOUTH ASHLEY DRIVE

TAMPA, FL 33606 US SUITE 1190
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: ELOISE STINSON 01/25/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VPD ( ) Delete Title: PD (X) Change ( ) Addition

Name: STINSON, ELOISE Name: STINSON, ELOISE
Address: 100 SOUTH ASHLEY, SUITE 1190 Address: 100 SOUTH ASHLEY, SUITE 1190

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602

Title: PD ( ) Delete Title: TD (X) Change ( ) Addition

Name: SCHEINER, SUSAN D Name: SWISHER, GARY

Address: 201 E. KENNEDY BLVD., STE. 600 Address: 101 E. KENNEDY BLVD., 37TH FLOOR

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602

Title: TD ( ) Delete Title: VPD (X) Change ( ) Addition

Name: LOVERING, DORIS A Name: LOVERING, DORIS A Address: PO BOX 387 Address: PO BOX 387

City-St-Zip: ST. PETERSBURG, FL 33731 City-St-Zip: ST. PETERSBURG, FL 33731

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

Name: SULLIVAN, SUZETTE Name: CLAIR-SPEAKS, MAURA

Address: 3308 CLEVELAND HEIGHTS BLVD. Address: 201 E. KENNEDY BLVD., SUITE 790

City-St-Zip: LAKELAND, FL 33803 City-St-Zip: TAMPA, FL 33802

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: ELOISE STINSON PD 01/25/2008