# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 19, 2009**
**Secretary of State**

DOCUMENT# N97000002153

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

**Current Principal Place of Business:**

100 SOUTH ASHLEY DRIVE
SUITE 1190
TAMPA, FL 33602 US

**New Principal Place of Business:**

100 SOUTH ASHLEY DRIVE
SUITE 1100
TAMPA, FL 33602 US

**Current Mailing Address:**

100 SOUTH ASHLEY DRIVE
SUITE 1190
TAMPA, FL 33602 US

**New Mailing Address:**

100 SOUTH ASHLEY DRIVE
SUITE 1100
TAMPA, FL 33602 US

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

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

STINSON, ELOISE
100 SOUTH ASHLEY DRIVE
SUITE 1190
TAMPA, FL 33606 US

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

STINSON, ELOISE
100 SOUTH ASHLEY DRIVE
SUITE 1100
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: _____ 01/19/2009
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: STINSON, ELOISE
Address: 100 SOUTH ASHLEY, SUITE 1190
City-St-Zip: TAMPA, FL 33602

Title: TD ( ) Delete
Name: SWISHER, GARY
Address: 101 E. KENNEDY BLVD., 37TH FLOOR
City-St-Zip: TAMPA, FL 33602

Title: VPD ( ) Delete
Name: LOVERING, DORIS A
Address: PO BOX 387
City-St-Zip: ST. PETERSBURG, FL 33731

Title: SD ( ) Delete
Name: CLAIR-SPEAKS, MAURA
Address: 201 E. KENNEDY BLVD., SUITE 790
City-St-Zip: TAMPA, FL 33802

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

Title: PD (X) Change ( ) Addition
Name: STINSON, ELOISE
Address: 100 SOUTH ASHLEY, SUITE 1100
City-St-Zip: TAMPA, FL 33602

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

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

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: ELOISE STINSON PD 01/19/2009
Electronic Signature of Signing Officer or Director — Date