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244884 - 90001 - 11

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000000254**

1. Corporation Name
FLORIDA ASSOCIATION OF LEGAL SUPPORT SPECIALISTS , INC.

Principal Place of Business	Mailing Address
105 EAST ROBINSON STREET SUITE 201 ORLANDO FL 32801	105 EAST ROBINSON STREET SUITE 201 ORLANDO FL 32801

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. *Date Incorporated or Qualifed* **01/16/1998**

4. FEI Number **59-3489193** ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COAD, BARBARA J
105 EAST ROBINSON STREET
SUITE 201
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	COAD, BARBARA J	1.2 NAME	Patricia G. Pottle, CLA
STREET ADDRESS	105 EAST ROBINSON STREET	1.3 STREET ADDRESS	227 S. Calhoun (P.O. Box 391)
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	Tallahassee, FL 32302
TITLE	D ☒ DELETE	2.1 TITLE	PElect,D ☒ Change ☐ Addition
NAME	STRICKLAND, GLORIA M	2.2 NAME	Belinda Godfrey, PLS
STREET ADDRESS	105 EAST ROBINSON STREET	2.3 STREET ADDRESS	3412 Clark Road #117
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	D ☒ DELETE	3.1 TITLE	VPD ☒ Change ☐ Addition
NAME	WHITE, EUNICE R	3.2 NAME	Lisa Hair
STREET ADDRESS	9420 SOMBRERO AVENUE	3.3 STREET ADDRESS	c/o Escambia Co. Attorney's Office 14 West Government St., Room 411
CITY-ST-ZIP	APOPKA FL 32703-1859	3.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	☐ DELETE	4.1 TITLE	SD ☒ Change ☐ Addition
NAME		4.2 NAME	Mary Ann Jarvis, PLS
STREET ADDRESS		4.3 STREET ADDRESS	514 Ferris Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Green Cove Springs, FL 32043
TITLE	☐ DELETE	5.1 TITLE	TD ☒ Change ☐ Addition
NAME		5.2 NAME	Susan M. Batchelder, PLS
STREET ADDRESS		5.3 STREET ADDRESS	6997 - 62nd Avenue North
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Pinellas Park, FL 33781
TITLE	☐ DELETE	6.1 TITLE	D ☒ Change ☐ Addition
NAME		6.2 NAME	Wanda S. Mentzer, PLS, CLA
STREET ADDRESS		6.3 STREET ADDRESS	3326 SE 2 Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ocala, FL 34471 (see attached)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia G. Pottle, President 1/23/99 (850)425-5486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

244884-90001-11
N98000000254

FLORIDA ASSOCIATION OF LEGAL SUPPORT SPECIALISTS, INC.
1999 Nonprofit Corporation Annual Report
Document#N98000000254

Additions/changes to Officers and Directors in 12

D
Jean Jackson, PLS
c/o Skelding, Labasky, Corry, Eastman,
Hauser, Jolly & Metz
318 N. Monroe Street
Tallahassee, FL 32301

D
Andrea Ellison
8205 S.W. 128 Street
Miami, FL 33176