2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90210 050 ****61.25

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

14005751

02232004 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
2062 SUN TREE CIR NORTH CLEARWATER, FL 33763	C/O GAYLE L. BRISKE 2062 SUN TREE CIR NORTH CLEARWATER, FL 33763

2. Principal Place of Business	3. Mailing Address
20812 Bantams Roost	20812 Bantams Roost
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Estero, FL	City & State: Estero, FL
Zip: 33928 Country: USA	Zip: 33928 Country: USA

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

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

6. Name and Address of Current Registered Agent

COAD, BARBARA J
802 CARVELL DRIVE
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCCARTER, JEAN C 1816A FERNANDO DR TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOODSON, DEBORAH R 819 CEDARCREST CT SARASOTA, FL 34232	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Direct Robert R. Anderson 121 S. Brett Street Crestview, FL 32539	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TARMAN, E. JEAN 5750 WINDTREE DR ZEPHYRHILLS, FL 33541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director 39413 Otis Allen Road ☒ change Zephyrhills, FL 33540	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAVALLARO, BARBARA 20812 BANTUMS ROOST ESTERO, FL 33928	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer/Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRISKE, GAYLE L 2062 SUN TREE CIRCLE NORTH CLEARWATER, FL 33763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATERS, DEBORAH L 1630 COQUINA DRIVE MERRITT ISLAND, FL 32952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gayle L Briske Secretary 5/26/04 727-799-4840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GAYLE L. BRISKE