2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000000254

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

Principal Place of Business	Mailing Address
20812 BANTAMS ROOST ESTERO, FL 33928	20812 BANTAMS ROOST ESTERO, FL 33928

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02132006 No Chg-NP CR2E037 (11/05)

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 32792

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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, 2006

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

U00000445762
03/07/06-80061-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCARTER, JEAN C
STREET ADDRESS	1816A FERNANDO DR
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	PE
NAME	ANDERSON, ROBERT
STREET ADDRESS	1215 BRETT STREET
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	VP
NAME	BARNES, JUDI S
STREET ADDRESS	210 10 WOLF BRANCH ROAD
CITY-ST-ZIP	MT DORA, FL 32757
TITLE	TD
NAME	CAVALLARO, BARBARA
STREET ADDRESS	20812 BANTUMS ROOST
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	S
NAME	JOHNSON, SUZANNE S
STREET ADDRESS	1219 55 ST AVE E LOT 126
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Barbara Cavallaro Treasurer 2/20/06 239-337-7337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #