


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90838 038 ****61.25

DOCUMENT # N98000000254 1. Entity Name FLORIDA ASSOCIATION OF LEGAL SUPPORT SPECIALISTS, INC.					
Principal Place of Business 20812 BANTAMS ROOST ESTERO, FL 33928			Mailing Address 20812 BANTAMS ROOST ESTERO, FL 33928		
2. Principal Place of Business - No P.O. Box # 2515 Peel Ave Suite, Apt. #, etc.		3. Mailing Address 2515 Peel Ave Suite, Apt. #, etc.			
City & State Orlando, FL 32806		City & State Orlando, FL		4. FEI Number 59-3489193	
Zip 32806		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COAD, BARBARA J 802 CARVELL DRIVE WINTER PARK, FL 32792				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MCCARTER, JEAN C 1816A FERNANDO DR TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert R. Anderson P.O. Box 782 Shalimar, FL 32579	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE ANDERSON, ROBERT 1215 BRETT STREET CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE Barnes, Judi S. 21010 Wolf Branch Road MT. DORA, FL 32757	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARNES, JUDI S 210 10 WOLF BRANCH ROAD MT DORA, FL 32757	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Tyree, DeBRAK 1924 Lake Alma Dr. Apopka, FL 32712	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAVALLARO, BARBARA 20812 BANTAMS ROOST ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dancey, ALLAN J 2515 Peel Ave Orlando, FL 32806	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, SUZANNE S 1219 55 ST AVE E LOT 126 BRADENTON, FL 34203	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Nolan, Marcy 7751 Greenlawn Dr. New Port Richey, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>ALLAN J. DANCEY (ALLAN J. DANCEY) Treasurer</u> 4/28/07 407-247-7854 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40093087



02242007 Chg-NP CR2E037 (12/06)