

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90020 006 \*\*\*\*61.25

DOCUMENT # N98000004969

1. Entity Name  
LEGAL ADMINISTRATORS ASSOCIATION OF  
TALLAHASSEE, INC.



Principal Place of Business  
2010 DELTA BLVD.  
TALLAHASSEE, FL 32303

Mailing Address  
PO BOX 4128  
TALLAHASSEE, FL 32315-4128

94046435



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3530266

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPPS, CORINNE  
1983 CENTRE POINTE., SUITE 200  
TALLAHASSEE, FL 32308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PPD ☒ Delete  
NAME LINDSAY, KATHY K  
STREET ADDRESS 1500 MAHAN DR #200  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE S ☒ Change ☐ Addition  
NAME MOODY, SHARON  
STREET ADDRESS 301 S. BRONOUGH ST, 5TH FLOOR  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☒ Delete  
NAME MOODY, SHARON  
STREET ADDRESS 301 S. BRONOUGH ST., 5TH FLOOR  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE PPD ☐ Change ☒ Addition  
NAME HOLLAND, MARILYN  
STREET ADDRESS 111 N. ADAMS ST, 3rd FLOOR  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE PD ☒ Delete  
NAME HOLLAND, MARILYN  
STREET ADDRESS 111 N. ADAMS STREET, 3RD FLOOR  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE P ☐ Change ☒ Addition  
NAME KILBOURN, SAMANTHA  
STREET ADDRESS 909 E. PARK AV.  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE VP ☒ Delete  
NAME KILBOURN, SAMANTHA  
STREET ADDRESS 863 E. PARK AVE  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE VP ☐ Change ☒ Addition  
NAME CAPPS, CORINNE  
STREET ADDRESS 1983 CENTRE POINTE, STE. 200  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE T ☐ Delete  
NAME BARINEAU, CATHI  
STREET ADDRESS 2010 DELTA BLVD.  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Change ☒ Addition  
NAME MADSEN, CHERI  
STREET ADDRESS 1705 METROPOLITAN BLD, STE 101  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE S ☒ Delete  
NAME HOUGH, NANCY  
STREET ADDRESS 820 E. PARK AVE  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☐ Change ☒ Addition  
NAME TEDDER, SANDY  
STREET ADDRESS 215 S. MONROE ST, 2nd FLOOR  
CITY-ST-ZIP TALLAHASSEE, FL 32301

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:

CATHI M BARINEAU  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-04 850-386-3300