

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **609332 (2)**
1. Corporation Name
NORTH FLORIDA MULTIPLE LISTING SERVICE, INC.



Principal Place of Business: **214 SOUTH ALACHUA ST LAKE CITY FL 32065**
Mailing Address: **214 SOUTH ALACHUA ST LAKE CITY FL 32065**

3. Date Incorporated or Qualified: **02/08/1979** 3a. Date of Last Report: **01/26/1995**
4. FFI Number: **59-1904568** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** **214 SOUTH ALACHUA ST LAKE CITY FL 32065**
2a. Mailing Address: **26** **214 SOUTH ALACHUA ST LAKE CITY FL 32065**
22. City & State: **27** **LAKE CITY FL**
23. Zip: **24** **32025** Country: **25** Zip: **29** **32025** Country: **30**

9. Name and Address of Current Registered Agent
**CHILDS, MARY B.
214 S ALACHUA ST
LAKE CITY FL-32055**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code
FL 32025

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Mary B. Childs, A.E.* **MARY B. Childs** DATE: _____
Signature of Registered Agent (if not the corporation's secretary) Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	V	<input type="checkbox"/> DELETE
NAME	DYKES, RHONDA	
STREET ADDRESS	123 E. HOWARD ST.	
CITY-STATE-ZIP	LIVE OAK FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CORRIGAN, SHARON	
STREET ADDRESS	119 S. OHIO AVENUE	
CITY-STATE-ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWEAT, JANET	
STREET ADDRESS	966 W. DUVAL ST.	
CITY-STATE-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANS, GAIL	
STREET ADDRESS	1101 W. DUVAL ST.	
CITY-STATE-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAPPS, DANIEL	
STREET ADDRESS	RT. 13, BOX 1154C	
CITY-STATE-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADERHOLT, FAYS	
STREET ADDRESS	ROUTE 4 BOX 617	
CITY-STATE-ZIP	LAKE CITY, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	JOYNER, SARA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Route 13, Box 1154C	
3. STREET ADDRESS	Lake City, Fl. 32055	
4. CITY-STATE-ZIP		
2. TITLE	BARTHELMES, ELAINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P. O. Box 7246	
2.3 STREET ADDRESS	Lake City, Fl 32056	
2.4 CITY-STATE-ZIP		
3.1 TITLE	WINFREY, BARBARA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	966 W. Duval St.	
3.3 STREET ADDRESS	Lake City, Fl 32055	
3.4 CITY-STATE-ZIP		
4.1 TITLE	CORACI, ELAINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rt 14, Box 601	
4.3 STREET ADDRESS	Lake City, Fl 32055	
4.4 CITY-STATE-ZIP		
5.1 TITLE	CORRIGAN, SHARON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	119 S. Ohio Ave.	
5.3 STREET ADDRESS	Live Oak, Fl 32060	
5.4 CITY-STATE-ZIP		
6.1 TITLE	MASTER, RONNIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	1101 W. Duval St.	
6.3 STREET ADDRESS	Lake City, Fl 32055	
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Elaine Barthelmes** *Elaine Barthelmes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-752-4211
DATE DAYTIME PHONE

CR2E034 (12/95)