

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 609332 (2)
1. Corporation Name
NORTH FLORIDA MULTIPLE LISTING SERVICE, INC.



Principal Place of Business 214 SOUTH ALACHUA ST LAKE CITY FL 32025 US	Mailing Address 214 SOUTH ALACHUA ST LAKE CITY FL 32025-7020 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/08/1979	3a. Date of Last Report 02/27/1996
21	26	4. FEI Number 59-1904568	Applied For Not Applicable
22. Suite/Apt #, etc.	27. Suite/Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
**CHILDS, MARY B.
214 S ALACHUA ST
LAKE CITY FL 32025**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL 32025
83.	
84. City	

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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JOYNER, SARA	
STREET ADDRESS	ROUTE 13 BOX 1154C	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BARTHELMES, ELAINE	
STREET ADDRESS	P.O. BOX 7246	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WINFREY, BARBARA	
STREET ADDRESS	966 WEST DUVAL STREET	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORACI, ELAINE	
STREET ADDRESS	ROUTE 14 BOX 801	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORRIGAN, SHARON	
STREET ADDRESS	119 SOUTH OHIO AVENUE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATERS, RONNIE	
STREET ADDRESS	1101 WEST DUVAL STREET	
CITY-ST-ZIP	LAKE CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ola Mitchell	
1.3 STREET ADDRESS	Rt 3, Box 173-7	
1.4 CITY-ST-ZIP	Lake City, Fl, 32024	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Shirah, Kellie	
3.3 STREET ADDRESS	123 E. Howard St.	
3.4 CITY-ST-ZIP	Live Oak, Fla. 32060	
4.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Masters, Ronnie (correct spelling)	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 Coraci* **Elaine Coraci** 904-752-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)