2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000011266

FILED Oct 26, 2005 Secretary of State

Entity Name: THE WOMEN'S COUNCIL OF REALTORS ST. AUGUSTINE CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business:

3505 US HWY 1 SOUTH 521 A1A SOUTH

ST. AUGUSTINE, FL 32086 US ST. AUGUSTINE, FL 32080 US

Current Mailing Address: New Mailing Address:

3505 US HWY 1 SOUTH 521 A1A SOUTH

ST. AUGUSTINE, FL 32086 US ST. AUGUSTINE, FL 32080 US

FEI Number: 20-1265818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPRINGHORN, CHRISTOPHER G SPRINGHORN, CHRISTOPHER G

1200 PLANTATION ISLAND DR 2120 US 1 SOUTH

ST. AUGUSTINE, FL 32080 US ST. AUGUSTINE, FL 32086 US

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.

SIGNATURE: CHRISTOPHER G. SPRINGHORN 10/26/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

Name: KNOWLES, JULIE Name: KNOWLES, JULIE Address: 5315 ALA SOUTH Address: 5315 ALA SOUTH

City-St-Zip: ST. AUGUSTINE, FL 32080 City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 ODOM, BERTA
 Name:
 ODOM, ROBERTA

 Address:
 521 A1A BEACH BLVD.
 Address:
 521 A1A BEACH BLVD.

 City-St-Zip:
 ST. AUGUSTINE, FL 32080
 City-St-Zip:
 ST. AUGUSTINE, FL 32080

Title: TREA () Delete Title: () Change () Addition

 Name:
 REARDON, JOHN
 Name:

 Address:
 670 A1A BEACH BLVD.
 Address:

 City-St-Zip:
 ST. AUGUSTINE, FL 32080
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA ODOM VP 10/26/2005