2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2005
Secretary of State

DOCUMENT# N97000003532

Entity Name: OCALA/MARION COUNTY CHAPTER OF THE WOMEN'S COUNCIL OF REALTORS, INC.

Current Principal Place of Business:

3105 NE 14TH STREET
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

3105 NE 14TH STREET
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-6159045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PADGETT-KELLY, KATHY
16455 EAST SR 40
SILVER SPRINGS, FL 34488 US

Name and Address of New Registered Agent:

GLOMB, DEBORAH
3105 NE 14TH STREET
OCALA, FL 34470 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: LINDA GYGAX 01/15/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: PADGETT-KELLY, KATHY
Address: 15455 EAST SR 40
City-St-Zip: SILVER SPRINGS, FL 34488

Title: SD ( ) Delete
Name: BEVILLE, SUSAN
Address: 8720 SW HWY 200
City-St-Zip: OCALA, FL 34481

Title: PE ( ) Delete
Name: GLOMB, DEBROAH
Address: 3850 D SE 58TH AVENUE
City-St-Zip: OCALA, FL 34480

Title: PD ( ) Delete
Name: MCCOMBS, DIANE
Address: 115 NE 8TH AVENUE
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: GLOMB, DEBORAH
Address: 3105 NE 14TH STREET
City-St-Zip: OCALA, FL 34470

Title: PE (X) Change ( ) Addition
Name: BEVILLE, SUSAN
Address: 8550 SW HWY. 200
City-St-Zip: OCALA, FL 34481

Title: VP (X) Change ( ) Addition
Name: MCCOMBS, DIANE
Address: 115 NE 8TH AVENUE
City-St-Zip: OCALA, FL 34470

Title: TRES (X) Change ( ) Addition
Name: GYGAX, LINDA
Address: 4727 NE 60TH TERRRACE
City-St-Zip: SILVER SPRINGS, FL 34488

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: LINDA GYGAX TRES 01/15/2005
Electronic Signature of Signing Officer or Director Date