## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000003532

FILED Mar 15, 2006 Secretary of State

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

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

3105 NE 14TH STREET OCALA, FL 34470

Current Mailing Address: New Mailing Address:

3105 NE 14TH STREET OCALA, FL 34470

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

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

GLOMB, DEBORAH

3105 NE 14TH STREET

OCALA, FL 34470 US

SUSAN, BEVILLE

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: SUSAN BEVILLE 03/15/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PRES () DeleteTitle:PRES (X) Change () AdditionName:GLOMB, DEBORAHName:BEVILLE, SUSANAddress:3105 NE 14TH STREETAddress:3105 NE 14TH STREET

City-St-Zip: OCALA, FL 34470 City-St-Zip: OCALA, FL 34470

Title: PE ( ) Delete Title: PE (X) Change ( ) Addition Name: BEVILLE, SUSAN Name: WARE, CISY

 Address:
 8550 SW HWY. 200
 Address:
 3105 NE 14TH STREET

 City-St-Zip:
 OCALA, FL 34481
 City-St-Zip:
 OCALA, FL 34470

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

 Name:
 MCCOMBS, DIANE
 Name:
 CASTELLANO, VICKI

 Address:
 115 NE 8TH AVENUE
 Address:
 3105 NE 14TH STREET

 City-St-Zip:
 OCALA, FL 34470
 City-St-Zip:
 OCALA, FL 34470

Title: TRES ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GYGAX, LINDA
 Name:

 Address:
 4727 NE 60TH TERRRACE
 Address:

 City-St-Zip:
 SILVER SPRINGS, FL 34488
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SUSAN BEVILLE PRES 03/15/2006