

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745203

**Entity Name:** LAKE CITY BOARD OF REALTORS, INC.

**Current Principal Place of Business:**

326 NW HOUSEMAN CT.  
LAKE CITY, FL 32055

**Current Mailing Address:**

326 NW HOUSEMAN CT.  
LAKE CITY, FL 32055 US

**FEI Number:** 59-1925395

**Certificate of Status Desired:** No

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

GHERNA, DAN L  
326 NW HOUSEMAN CT.  
LAKE CITY, FL 32055 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:** DAN GHERNA

01/04/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name KISHTON, SANDY  
Address PO BOX 2153  
City-State-Zip: LAKE CITY FL 32056

Title EVP  
Name GHERNA, DAN  
Address 326 NW HOUSEMAN CT.  
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR  
Name BATTEN, STANLEY  
Address 4818 W US HWY 90, SUITE 102  
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR  
Name SMITH, TUCKER  
Address 31 TURKEY CREEK  
City-State-Zip: ALACHUA FL 32615

Title PRESIDENT  
Name EAGLE, SUSAN  
Address 258 NW BERT AVE.  
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR  
Name COX, ANGELA  
Address 869 NW WOODLANDS TERR  
City-State-Zip: LAKE CITY FL 32055

Title VP  
Name LAW, HEATHER  
Address 814 SW CR 242  
City-State-Zip: LAKE CITY FL 32024

Title SECRETARY  
Name GOLIGHTLY, WILLIAM  
Address 1683 151ST RD  
City-State-Zip: LIVE OAK FL 32060

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAN GHERNA

EVP

01/04/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LANTROOP, LACIE  
Address 1647 SW LESLIE  
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR  
Name SHIRAH, KELLIE  
Address 127 E. HOWARD ST.  
City-State-Zip: LIVE OAK FL 32064

Title DIRECTOR  
Name PRUETER, SAMANTHA  
Address 102 W. HARTLEY  
City-State-Zip: JASPER FL 32052

Title DIRECTOR  
Name CRAIG, HEATHER  
Address 284 SW GUARD GLEN  
City-State-Zip: LAKE CITY FL 32024