

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748331

**Entity Name:** FLAGLER COUNTY ASSOCIATION OF REALTORS, INC.

**Current Principal Place of Business:**

4101 E. MOODY BLVD  
BUNNELL, FL 32110

**Current Mailing Address:**

P.O. BOX 1216  
BUNNELL, FL 32110 US

**FEI Number:** 59-2111176

**Certificate of Status Desired:** No

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

DOROTHY DESVOUSGES SPERBER  
58 ROLLINS LANE  
PALM COAST, FL 32164 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            DIRECTOR  
Name            GEDDINGS, JANET  
Address        P.O. BOX 1216  
City-State-Zip: BUNNELL FL 32110

Title            PRESIDENT  
Name            HOPKINS, MEMORY  
Address        P.O. BOX 1216  
City-State-Zip: BUNNELL FL 32110

Title            PRESIDENT ELECT  
Name            BRABHAM, MARTIN  
Address        P.O. BOX 1216  
City-State-Zip: BUNNELL FL 32110

Title            DS  
Name            EVANS, CATHERINE  
Address        P.O. BOX 1216  
City-State-Zip: BUNNELL FL 32110

Title            VP  
Name            FARRELL, MEGAN  
Address        P.O. BOX 1216  
City-State-Zip: BUNNELL FL 32110

Title            DT  
Name            ALFIN, DAVID  
Address        P.O. BOX 1216  
City-State-Zip: BUNNELL FL 32110

*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:** MEMORY HOPKINS

**PRESIDENT**

**01/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date