

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 609332

Entity Name: NORTH FLORIDA MULTIPLE LISTING SERVICE, 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:** 59-1904568**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name TOLAR, ELAINE K
Address 839 SW S.R. 247
City-State-Zip: LAKE CITY FL 32025

Title VP
Name BEAUCHAMP, PAMELA
Address 1129 SW FLAGLER CT
City-State-Zip: LAKE CITY FL 32025

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

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

Title VP
Name HICKS, VERA L
Address 2806 W US HWY 90
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR
Name CRAWFORD, AMBER R.
Address PO BOX 238
12469 W. SR 100
City-State-Zip: LAKE BUTLER FL 32054

Title DIRECTOR
Name DUNCAN, THOMAS
Address PO BOX 520
City-State-Zip: FT. WHITE FL 32038

Title DIRECTOR
Name KHACHIGAN, MARTHA JO
Address 672 E. DUVAL ST.
SUITE 102
City-State-Zip: LAKE CITY FL 32055

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAN GHERNA

CEO

01/06/2015

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROGERS, NANCY
Address 224 SE PINE DR.
City-State-Zip: LAKE CITY FL 32025

Title PRESIDENT
Name ZECHER, MISSY
Address PO BOX 815
City-State-Zip: LAKE CITY FL 32056

Title DIRECTOR
Name THOMAS, GARY
Address 4255 SW CAMBRIDGE GLEN
City-State-Zip: LAKE CITY FL 32055

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