

**2016 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 CEO  
Name GHERNA, DAN  
Address 326 NW HOUSEMAN CT  
City-State-Zip: LAKE CITY FL 32055

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

Title DIRECTOR  
Name DICKS, BRAD  
Address 1286 W. US 90  
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR  
Name SCHWARTZ, ROBIN  
Address PO BOX 2200  
City-State-Zip: HIGH SPRINGS FL 32655

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

Title DIRECTOR  
Name CASON, CARRIE  
Address 1140 SW BASCOM NORRIS DR  
SUITE 108  
City-State-Zip: LAKE BUTLER FL 32025

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

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

**SIGNATURE: DAN GHERNA****CEO****01/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HILL, JOHN W  
Address 1105 W. HOWARD  
City-State-Zip: LIVE OAK FL 32064

Title DIRECTOR  
Name MOSER, PATRICIA  
Address 16407 NW 174TH DRIVE  
SUITE A  
City-State-Zip: ALACHUA FL 32618

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