

**2020 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 DIRECTOR  
Name MOSES, J. CHASE  
Address 189 NW GAELIC  
City-State-Zip: LAKE CITY FL 32055

Title VP  
Name FAULKNER, RHAIZA  
Address 425 SW BILLOWING GLEN  
City-State-Zip: LAKE CITY FL 32024

Title DIRECTOR  
Name ADAMS, DEKOVEN  
Address 540 W. DUVAL ST.  
City-State-Zip: LAKE CITY FL 32055

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

Title DIRECTOR  
Name THOMAS, GARY  
Address 4255 SW CAMBRIDGE GLEN  
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****01/13/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

Title DIRECTOR  
Name CARTER, CINDY  
Address 6727 NW 31ST CIRCLE  
City-State-Zip: JENNINGS FL 32053