

**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

**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****01/06/2015**

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