

2021 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

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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****01/04/2021**

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 GRANOFF, LYNDA
Address 106 SW DAYTIME
City-State-Zip: LAKE CITY FL 32024