

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 609332 (2)  
1. Corporation Name  
NORTH FLORIDA MULTIPLE LISTING SERVICE, INC.

Principal Place of Business

214 SOUTH ALACHUA ST  
LAKE CITY FL 32025  
US

Mailing Address

214 SOUTH ALACHUA ST  
LAKE CITY FL 32025-7020  
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/08/1979		3a. Date of Last Report 02/27/1996	
21		26		4. FEI Number 59-1904568		Applied For Not Applicable	
22 Suite Apt #, etc.		27 Suite Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

## 9. Name and Address of Current Registered Agent

CHILDS, MARY B.  
214 S ALACHUA ST  
LAKE CITY FL 32025

## 10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code
FL	32025

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mary B. Childs* A.E. Mary B. Childs

Signature typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	V. President
NAME	JOYNER, SARA	1.2 NAME	Ola Mitchell
STREET ADDRESS	ROUTE 13 BOX 1154C	1.3 STREET ADDRESS	Rt 3, Box 173-7
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	Lake City, FL, 32024
TITLE	P	2.1 TITLE	Director
NAME	BARTHELMES, ELAINE	2.2 NAME	
STREET ADDRESS	P.O. BOX 7246	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Director
NAME	WINFREY, BARBARA	3.2 NAME	Shirah, Kellie
STREET ADDRESS	966 WEST DUVAL STREET	3.3 STREET ADDRESS	123 E. Howard St.
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	Live Oak, Fla. 32060
TITLE	D	4.1 TITLE	President
NAME	CORACI, ELAINE	4.2 NAME	
STREET ADDRESS	ROUTE 14 BOX 801	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CORRIGAN, SHARON	5.2 NAME	
STREET ADDRESS	119 SOUTH OHIO AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MATERS, RONNIE	6.2 NAME	Masters, Ronnie (correct spelling)
STREET ADDRESS	1101 WEST DUVAL STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elaine Coraci* Elaine Coraci

904-752-4211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)