

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

001888

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90262 032 \*\*\*150.00

DOCUMENT # 609332

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  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1979

4. FEI Number

59-1904568

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CHILDS, MARY B.  
214 S ALACHUA ST  
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 214 S. Alachua St.

84 City

Lake City

FL

85 Zip Code

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

Marian M. Blanchard

ASSOCIATION EXECUTIVE

4/26/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
VP	MASTERS, RONNIE	RTA13 BOX 1054	LAKE CITY FL 32055	<input checked="" type="checkbox"/>
D	LEE, MARIE	123 E HOWARD ST	LAKE CITY FL 32060	<input type="checkbox"/>
D	ROGERS, MARIA	1101 W DUVAL ST	LIVE OAK FL 32055	<input type="checkbox"/>
P	MITCHELL, OLA	RT 2 BOX 6013	LAKE CITY FL 32024	<input type="checkbox"/>
S	GEIBEIG, LORI	4350 US 90 HWY W	LIVE OAK FL 32055	<input type="checkbox"/>
D	LAWRENCE, BARBARA	1923B S 1ST ST	LAKE CITY FL 32055	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
VP	CORACI, ELAINE	RT 20 BOX 845	LAKE CITY, FL 32055	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

14. I 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, with all other like empowered.

SIGNATURE:

ELAINE CORACI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-99

904-755-3966

CR2E034 (11/98)