SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $205)

NONPROFIT CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
95 JUL 18 PM 12:58

DOCUMENT # 709441 (0)

Corporate Name
JACKSONVILLE BEACHES ASSOCIATION OF REALTORS, IN C.

Principal Place of Business	Mailing Address
1101 BEACH BLVD. JACKSONVILLE BEACH FL 32250	1101 BEACH BLVD. JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1965
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1104599 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) — 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)
City & State (23) — City & State (28)
Zip (24) — Country (25) — Zip (29) — Country (30)

9. Name and Address of Current Registered Agent

LEFF, ELAINE
1101 BEACH BLVD
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City JACKSONVILLE BEACH FL 85 Zip Code 32250

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	D — ☐ Change ☒ Addition
NAME	SINGLETON, DARYL	NAME	JEANELL WILSON
STREET ADDRESS	900 3RD ST. SUITE A	STREET ADDRESS	3090 SOUTH 3RD STREET
CITY-ST-ZIP	NEPTUNE BEACH FL	CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	P	TITLE	D — ☐ Change ☒ Addition
NAME	PALMER, JANET	NAME	LARRY KANN
STREET ADDRESS	1117 ATLANTIC BLVD	STREET ADDRESS	1251 SOUTH 3rd STREET
CITY-ST-ZIP	NEPTUNE BEACH FL	CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	T	TITLE	S — ☒ Change ☐ Addition
NAME	O'NEILL, BOB	NAME	1105 SOUTH 3RD STREET
STREET ADDRESS	98 S. PENMAN RD.	STREET ADDRESS	JACKSONVILLE BEACH, FL 32250
CITY-ST-ZIP	NEPTUNE BEACH FL	CITY-ST-ZIP	
TITLE	S	TITLE	VP — ☒ Change ☐ Addition
NAME	WARREN, PATRICIA	NAME	
STREET ADDRESS	535-1 ATLANTIC BLVD	STREET ADDRESS	599 ATLANTIC BLVD., SUITE 1
CITY-ST-ZIP	ATLANTIC BCH FL	CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	VP	TITLE	P — ☒ Change ☐ Addition
NAME	DANSEGAU, CAROLYN	NAME	CAROLYN GOODE
STREET ADDRESS	1326 S. THIRD ST	STREET ADDRESS	1326 S. THIRD ST.
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	JACKSONVILLE BEACH, FL. 32250
TITLE	D	TITLE	D — ☐ Change ☒ Addition
NAME	BINGEMANN, PAM	NAME	MARK KERNAN
STREET ADDRESS	408 ATLANTIC BLVD	STREET ADDRESS	519 OCEANFRONT #6
CITY-ST-ZIP	NEPTUNE BEACH-FL	CITY-ST-ZIP	NEPTUNE BEACH, FL 32266

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn M Goode — 6-20-95 — (904) 249-8261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CAROLYN M. GOODE

CR2E037 (3/95)

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