FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:12

DOCUMENT # 712553 (7)

1. Corporation Name
JACKSONVILLE ASSOCIATION OF REALTORS, INC.

Principal Place of Business	Mailing Address
3949 ATLANTIC BLVD JACKSONVILLE FL 32207	3949 ATLANTIC BLVD JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1967
3a. Date of Last Report: 06/07/1994
4. FEI Number: 59-0306124 ☐ Applied For ☐ Not Applicable

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)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EAST, WILLIAM GLENN 3949 ATLANTIC BLVD JACKSONVILLE FL 32207	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP	1.1 TITLE	☐ Change ☐ Addition
NAME	EAST, WILLIAM GLENN	1.2 NAME	
STREET ADDRESS	3949 ATLANTIC BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	PD ☐ Change ☒ Addition
NAME	BUMBARGER, DELILAH	2.2 NAME	Jeffrey Riber
STREET ADDRESS	3949 ATLANTIC BLVD	2.3 STREET ADDRESS	3949 Atlantic Blvd
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	VD	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	MORGAN, JAMES	3.2 NAME	MORGAN, JAMES
STREET ADDRESS	3949 ATLANTIC BLVD	3.3 STREET ADDRESS	3949 Atlantic Blvd
CITY-ST-ZIP	JACKSONVILLE FL 32207	3.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	TD	4.1 TITLE	PE/D ☒ Change ☐ Addition
NAME	DAVID, WENDELL	4.2 NAME	Davis, Wendell
STREET ADDRESS	3949 ATLANTIC BLVD	4.3 STREET ADDRESS	3949 Atlantic Blvd
CITY-ST-ZIP	JACKSONVILLE FL 32207	4.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	SD	5.1 TITLE	VP/D ☐ Change ☒ Addition
NAME	SHERRER, LINDA	5.2 NAME	Kaiser, Selby
STREET ADDRESS	3949 ATLANTIC BLVD	5.3 STREET ADDRESS	3949 Atlantic Blvd
CITY-ST-ZIP	JACKSONVILLE FL 32207	5.4 CITY-ST-ZIP	Jacksonville FL. 32207
TITLE		6.1 TITLE	SD ☐ Change ☒ Addition
NAME		6.2 NAME	Sinopp, Carole
STREET ADDRESS		6.3 STREET ADDRESS	3949 Atlantic Blvd
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jacksonville, FL 32207

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1-23-95 (904) 396-1323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026105