FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 712553 (7)

NC 12/28/95 JP

1. Corporation Name

~~JACKSONVILLE ASSOCIATION OF REALTORS, INC.~~

Northeast Florida Association of Realtors Inc.

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

3. Date Incorporated or Qualified: 04/07/1967

3a. Date of Last Report: 02/07/1995

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:

4. FEI Number: 59-0306124 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EAST, WILLIAM GLENN
3949 ATLANTIC BLVD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

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 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 _____ William Glenn East 4-22-96

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVP	☐ DELETE	1.1 TITLE	200001800392 -04/30/96--01009--007 ***61.25	☐ 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	☒ DELETE	2.1 TITLE	P/D	☐ Change ☒ Addition
NAME	BUMBARGER, DELILAH		2.2 NAME	Wendell Davis	
STREET ADDRESS	3949 ATLANTIC BLVD		2.3 STREET ADDRESS	3949 Atlantic Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 CITY-ST-ZIP	Jax. Fl. 32207	
TITLE	TD	☒ DELETE	3.1 TITLE	PE/D	☐ Change ☒ Addition
NAME	MORGAN, JAMES		3.2 NAME	Pam Bingemann	
STREET ADDRESS	3949 ATLANTIC BLVD		3.3 STREET ADDRESS	3949 Atlantic Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jax. Fl. 32207	
TITLE	PED	☒ DELETE	4.1 TITLE	T/D	☐ Change ☒ Addition
NAME	DAVID, WENDELL		4.2 NAME	Roy Orren	
STREET ADDRESS	3949 ATLANTIC BLVD		4.3 STREET ADDRESS	3949 Atlantic Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jax. Fl. 32207	
TITLE	SD	☒ DELETE	5.1 TITLE	S/D	☐ Change ☒ Addition
NAME	SHERRER, LINDA		5.2 NAME	Thomas Barry	
STREET ADDRESS	3949 ATLANTIC BLVD		5.3 STREET ADDRESS	3949 Atlantic Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL 32207		5.4 CITY-ST-ZIP	Jax. Fl. 32207	
TITLE	SD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SINOFF, CAROLE		6.2 NAME		
STREET ADDRESS	3949 ATLANTIC BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

4-22-96 JP

CR2E037 (12/95)

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: _____ 4-22-96 (904) 396-1323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #