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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **712553** **(7)**

1. Corporation Name

NORTHEAST FLORIDA ASSOCIATION OF REALTORS, INC.

Principal Place of Business	Mailing Address
3949 ATLANTIC BLVD JACKSONVILLE FL 32207	3949 ATLANTIC BLVD JACKSONVILLE FL 32207-2034

3. Date Incorporated or Qualified: **04/07/1967**
3a. Date of Last Report: **04/29/1996**

2. Principal Place of Business — 21 | Suite, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | Country — 25

2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | 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 _____ (Signature, Type or Print Name of Person Signing) (Capacity/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		☐ 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	PED	☐ Change ☒ Addition
NAME	DAVIS, WENDELL		2.2 NAME	Williams, Walter	
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	PED	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	BINGEMANN, PAM		3.2 NAME		
STREET ADDRESS	3949 ATLANTIC BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ORREN, ROY		4.2 NAME		
STREET ADDRESS	3949 ATLANTIC BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	BARRY, THOMAS		5.2 NAME	Eileen McVeigh	
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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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

SIGNATURE: _____ 2-5-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0004846