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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 _____ 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	☐ 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	PED	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	WILLIAMS, WALTER		2.2 NAME		
STREET ADDRESS	3949 ATLANTIC BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BINGEMANN, PAM		3.2 NAME		
STREET ADDRESS	3949 ATLANTIC BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	PED	☒ 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	MCVEIGH, EILEEN		5.2 NAME	Wilson, Jeanell G.	
STREET ADDRESS	3949 ATLANTIC BLVD		5.3 STREET ADDRESS	3949 Atlantic Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville FL	
TITLE		☐ DELETE	6.1 TITLE	TD	☐ Change ☒ Addition
NAME			6.2 NAME	Morgan, Jim	
STREET ADDRESS			6.3 STREET ADDRESS	3949 Atlantic Blvd	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Jacksonville FL	

CR2E037 (10/97)

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

SIGNATURE: [signature] 4-17-98