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May 17, 1999 8:00 am
Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712553 (7)

1. Corporation Name
Northeast Florida Association of Realtors, Inc.

573527 - 90013 - 43

Principal Place of Business
3949 Atlantic Blvd.
Jacksonville, FL 32207

Mailing Address
Same

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/07/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0306124 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

William Glenn East
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	President	☒ DELETE	1.1 TITLE	President PD	☒ Change ☐ Addition
NAME	Walter L. Williams		1.2 NAME	Roy H. Orren	
STREET ADDRESS	3949 Atlantic Blvd.		1.3 STREET ADDRESS	3949 Atlantic Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32207		1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	President Elect	☒ DELETE	2.1 TITLE	President Elect PED	☒ Change ☐ Addition
NAME	Roy H. Orren		2.2 NAME	James F. Morgan	
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	Secretary	☒ DELETE	3.1 TITLE	Secretary SD	☒ Change ☐ Addition
NAME	Jeanell Wilson		3.2 NAME	Amanda Dandy	
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	Treasurer	☒ DELETE	4.1 TITLE	Treasurer TD	☒ Change ☐ Addition
NAME	James F. Morgan		4.2 NAME	Jeanell Wilson	
STREET ADDRESS	3949 Atlantic Blvd.		4.3 STREET ADDRESS	3949 Atlantic Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32207		4.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	Executive Vice President D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	William Glenn East		5.2 NAME		
STREET ADDRESS	3949 Atlantic Blvd.		5.3 STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32207		5.4 CITY-ST-ZIP		
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 (11/98)

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, with all other like empowered.

SIGNATURE: _____ 5-11-99 904 396 1323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #