

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90090 047 ****61.25

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1. Corporation Name

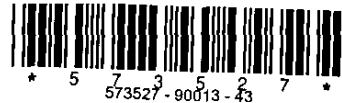
Northeast Florida Association of Realtors, Inc.

Principal Place of Business

3949 Atlantic Blvd.
Jacksonville, FL 32207

Mailing Address

Same



2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/07/1967

22

City & State

27

City & State

4. FEI Number

59-0306124

Applied For

Not Applicable

23

Zip

Country

28

Zip

Country

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

24

Zip

Country

29

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

President

☒ DELETE

NAME

Walter L. Williams

STREET ADDRESS

3949 Atlantic Blvd.

CITY-ST-ZIP

Jacksonville, FL 32207

TITLE

President Elect

☒ DELETE

NAME

Roy H. Orren

STREET ADDRESS

3949 Atlantic Blvd.

CITY-ST-ZIP

Jacksonville, FL 32207

TITLE

Secretary

☒ DELETE

NAME

Jeanell Wilson

STREET ADDRESS

3949 Atlantic Blvd.

CITY-ST-ZIP

Jacksonville, FL 32207

TITLE

Treasurer

☒ DELETE

NAME

James F. Morgan

STREET ADDRESS

3949 Atlantic Blvd.

CITY-ST-ZIP

Jacksonville, FL 32207

TITLE

Executive Vice President

☐ DELETE

NAME

William Glenn East

STREET ADDRESS

3949 Atlantic Blvd.

CITY-ST-ZIP

Jacksonville, FL 32207

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☒ Change☐ Addition

1.2 NAME

Roy H. Orren

1.3 STREET ADDRESS

3949 Atlantic Blvd.

1.4 CITY-ST-ZIP

Jacksonville, FL 32207

2.1 TITLE

President Elect

☒ Change☐ Addition

2.2 NAME

James F. Morgan

2.3 STREET ADDRESS

3949 Atlantic Blvd.

2.4 CITY-ST-ZIP

Jacksonville, FL 32207

3.1 TITLE

Secretary

☒ Change☐ Addition

3.2 NAME

Amanda Dandy

3.3 STREET ADDRESS

3949 Atlantic Blvd.

3.4 CITY-ST-ZIP

Jacksonville, FL 32207

4.1 TITLE

Treasurer

☒ Change☐ Addition

4.2 NAME

Jeanell Wilson

4.3 STREET ADDRESS

3949 Atlantic Blvd.

4.4 CITY-ST-ZIP

Jacksonville, FL 32207

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-11-99 904 396 1323

CR2E037 (1/98)