

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716916

FILED
May 19, 2009
Secretary of State

Entity Name: GAINESVILLE MULTIPLE LISTING, INC.

Current Principal Place of Business:

1750 NW 80 BLVD
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

1750 NW 80 BLVD
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-1271799 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GURSKE, LISA
1750 NW 80 BOULEVARD
GAINESVILLE, FL 32606 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOSER, PATRICIA
Address: PO BOX 520
City-St-Zip: ALACHUA, FL 32616

Title: VP () Delete
Name: BOSSHARDT, CAROL
Address: 5542 NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: S () Delete
Name: DOLSAK, MARSHA
Address: 5110 SW 91ST DR, STE. A
City-St-Zip: GAINESVILLE, FL 32608

Title: T () Delete
Name: TRAVIS, ROSA
Address: 3747 NEW BERRY RD
City-St-Zip: GAINESVILLE, FL 32607

Title: EVP () Delete
Name: GURSKE, LISA
Address: 1750 NW 80TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: BELL, EDDIE
Address: 4140 A. NW. 27TH LANE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PE (X) Change () Addition
Name: BOSSHARDT, CAROL
Address: 5542 NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: VP (X) Change () Addition
Name: LUETJEN, LINDA
Address: 8510 SW 7TH PL
City-St-Zip: GAINESVILLE, FL 32607

Title: ST (X) Change () Addition
Name: TRAVIS, ROSA
Address: 3747 NEW BERRY RD
City-St-Zip: GAINESVILLE, FL 32607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BIENIEK, ROBERT
Address: PO BOX 1737
City-St-Zip: ALACHUA, FL 32616

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA GURSKE

EVP

05/19/2009

Electronic Signature of Signing Officer or Director

Date