

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 12 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 # 736828 (5)

1. Corporation Name
CENTURY 21 BROKERS COUNCIL OF NORTHEAST FLORIDA, INC.



Principal Place of Business 4180 BELFORT ROAD SUITE 200 JACKSONVILLE FL 32216 US	Mailing Address 6500 BEACH BOULEVARD SUITE 200 JACKSONVILLE FL 32216 US
---	--

3. Date Incorporated or Qualified 09/16/1976
4. FEI Number 59-2266704
Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HARRIS, DEBRA
 445 S.R. 13
 SUITE 11
 JACKSONVILLE FL 32259**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PPD PELLICER, DON	1.1 TITLE	PPD
NAME	PELLICER, DON	1.2 NAME	L CHARLES MANN
STREET ADDRESS	323 ARLINGTON ROAD	1.3 STREET ADDRESS	323 ARLINGTON Rd
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	PD HARRIS, DEBRA	2.1 TITLE	PD
NAME	HARRIS, DEBRA	2.2 NAME	Robert P. Ferreira
STREET ADDRESS	445 ST ROAD 13, STE 11	2.3 STREET ADDRESS	508 Centre St
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	POED HARRIS, RAYMOND	3.1 TITLE	POED
NAME	HARRIS, RAYMOND	3.2 NAME	RAYMOND HARRIS
STREET ADDRESS	6945 103RD STREET	3.3 STREET ADDRESS	6945 103rd St
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	SD O'SHIELDS, MARTHA	4.1 TITLE	SO
NAME	O'SHIELDS, MARTHA	4.2 NAME	Peggy Wattron
STREET ADDRESS	950-17 BLANDING BLVD	4.3 STREET ADDRESS	12041 Beach Blvd #23
CITY-ST-ZIP	ORANGE PARK FL	4.4 CITY-ST-ZIP	JACKSONVILLE FL 32246
TITLE	TD ATKINS, PAMELA T	5.1 TITLE	TD
NAME	ATKINS, PAMELA T	5.2 NAME	MARIE Forehand
STREET ADDRESS	3547 HENDRICKS AVENUE	5.3 STREET ADDRESS	6640 103rd St
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PPD PELLICER, DON	1.1 TITLE	PPD
NAME	PELLICER, DON	1.2 NAME	L CHARLES MANN
STREET ADDRESS	323 ARLINGTON ROAD	1.3 STREET ADDRESS	323 ARLINGTON Rd
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	PD HARRIS, DEBRA	2.1 TITLE	PD
NAME	HARRIS, DEBRA	2.2 NAME	Robert P. Ferreira
STREET ADDRESS	445 ST ROAD 13, STE 11	2.3 STREET ADDRESS	508 Centre St
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	POED HARRIS, RAYMOND	3.1 TITLE	POED
NAME	HARRIS, RAYMOND	3.2 NAME	RAYMOND HARRIS
STREET ADDRESS	6945 103RD STREET	3.3 STREET ADDRESS	6945 103rd St
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	SD O'SHIELDS, MARTHA	4.1 TITLE	SO
NAME	O'SHIELDS, MARTHA	4.2 NAME	Peggy Wattron
STREET ADDRESS	950-17 BLANDING BLVD	4.3 STREET ADDRESS	12041 Beach Blvd #23
CITY-ST-ZIP	ORANGE PARK FL	4.4 CITY-ST-ZIP	JACKSONVILLE FL 32246
TITLE	TD ATKINS, PAMELA T	5.1 TITLE	TD
NAME	ATKINS, PAMELA T	5.2 NAME	MARIE Forehand
STREET ADDRESS	3547 HENDRICKS AVENUE	5.3 STREET ADDRESS	6640 103rd St
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Marie Forehand* (904) 2-9-98 771-2345

CR2E037 (10/97)