

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740034

FILED
Feb 27, 2009
Secretary of State

Entity Name: NEW SMYRNA BEACH BOARD OF REALTORS, INC.

Current Principal Place of Business:

725 WEST CANAL STREET
NEW SMYRNA BCH, FL 32168

New Principal Place of Business:

Current Mailing Address:

725 WEST CANAL STREET
NEW SMYRNA BCH, FL 32168

New Mailing Address:

FEI Number: 59-1783905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, THOMAS D.
340 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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: D () Delete
Name: BENNETT, ARNIE
Address: 3500 S. ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: P () Delete
Name: WEIMER, GLORIA
Address: 109 N CAUSEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PE () Delete
Name: FULFORD, FLOYD
Address: 202-A N RIDGEWOOD AVE
City-St-Zip: EDGEWATER, FL 32132

Title: S () Delete
Name: JACKSON, TERRY
Address: 1004 N PENINSULA AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D (X) Delete
Name: WOODS, DON
Address: 1504 S. ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T (X) Delete
Name: DEVER, TRAVOUS
Address: 1212 MAGNOLIA STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FULFORD, FLOYD
Address: 176 GODFREY ROAD
City-St-Zip: EDGEWATER, FL 32141

Title: PE (X) Change () Addition
Name: JACKSON, TERI
Address: 1004 N PENINSULA AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T (X) Change () Addition
Name: DEVER, TRAVOUS
Address: 1212 MAGNOLIA STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S (X) Change () Addition
Name: BENNETT, ARNIE
Address: 2245 JUANITA DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

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

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: CORA A. BAKER

AE

02/27/2009

Electronic Signature of Signing Officer or Director

Date