


**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # 755844</b>				Secretary of State 03-19-2007 90070 025 ****61.25	
1. Entity Name <b>AMELIA ISLAND NASSAU COUNTY ASSOCIATION OF REALTORS, INCORPORATED</b>		Principal Place of Business <b>910 SOUTH 14TH STREET FERNANDINA BCH, FL 32034-2918</b>		Mailing Address <b>910 SOUTH 14TH STREET FERNANDINA BCH, FL 32034-2918</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		03142007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-2240178</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DAVIS, CLYDE W., ESQ. 20 SOUTH 5TH STREET FERNANDINA BEACH, FL 32034</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODBREAD, CLYDE		NAME		
STREET ADDRESS	387 TARPON AVE		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOLLINGSWORTH, PRESLEY		NAME	<b>D Miller Dean</b>	
STREET ADDRESS	10626 CRESTON GLEN CIRCLE E.		STREET ADDRESS	<b>86189 Riverwood Dr.</b>	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	<b>Yulee, FL 32097</b>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWERS-CHAPLIN, DEBORAH		NAME	<b>D Bowers-chaplin Deborah</b>	
STREET ADDRESS	P. O. BOX 8004		STREET ADDRESS	<b>PO BOX 8004</b>	
CITY-ST-ZIP	FERNANDINA BEACH, FL 320358004		CITY-ST-ZIP	<b>Fernandina Bch, FL 32035</b>	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DARBY, JACKIE		NAME	<b>PD Darby, Jackie</b>	
STREET ADDRESS	1160 SWEETBRIAR LANE N.		STREET ADDRESS	<b>2058 Friendly Road</b>	
CITY-ST-ZIP	YULEE, FL 32097		CITY-ST-ZIP	<b>Fernandina Bch, FL 32035</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLLINS, JANE		NAME	<b>D Ewing James</b>	
STREET ADDRESS	97081 CARPENTER RIDGE CRT		STREET ADDRESS	<b>2206 ATLANTIC AVE</b>	
CITY-ST-ZIP	YULEE, FL 32097		CITY-ST-ZIP	<b>Fernandina Bch, FL 32034</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCRUDATO, TINA		NAME	<b>V-D Scrudato, TINA</b>	
STREET ADDRESS	831 PARK VIEW PLACE W		STREET ADDRESS	<b>831 Park View Place W.</b>	
CITY-ST-ZIP	FERNANDINA BCH, FL 32034		CITY-ST-ZIP	<b>Fernandina Bch, FL 32034</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Clyde Goodbread, EVP</b> 3-14-07 904261 8133					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					