2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# 765561

Entity Name: FLORIDA CHAPTER NO. 26 OF THE REALTORS LAND INSTITUTE OF THE NATIONAL ASSOCIATION OF REALTORS, INC.

Current Principal Place of Business:

2918 W. KENNEDY BLVD.
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

2918 W. KENNEDY BLVD.
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-2288578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, DANNY
1102 N. MAIN STREET
WILDWOOD, FL 34785 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:	PD	( ) Delete
Name:	SMITH, DANNY	
Address:	1102 N. MAIN STREET	
City-St-Zip:	WILDWOOD, FL 34785	
Title:	D	( ) Delete
Name:	BUSH, DENNIS	
Address:	4350 W. CYPRESS STREET, SUITE 300	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	SAMPSON, RYAN	
Address:	2502 N. ROCKY POINT DRIVE, STE 615	
City-St-Zip:	TAMPA, FL 33607	
Title:	TD	( ) Delete
Name:	RICHTER, BILLY	
Address:	1910 SW 18TH CT, BLDG 100	
City-St-Zip:	OCALA, FL 34474	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CLAY TAYLOR TR 01/20/2009

Electronic Signature of Signing Officer or Director — Date