2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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1. Entity Name
FLORIDA CCIM CHAPTER OF THE REALTORS NATIONAL MARKETING INSTITUTE CORP.

Principal Place of Business	Mailing Address
1133 W. MORSE BLVD., # 201 WINTER PARK, FL 32789	1133 W. MORSE BLVD., # 201 WINTER PARK, FL 32789

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
341 N. Maitland Ave.	341 N. Maitland Av
Suite, Apt. #, etc. Suite # 130	Suite, Apt. #, etc. Suite # 130
City & State Maitland, FL	City & State Maitland, FL
Zip / Country 32751 / U.S.A.	Zip / Country 32751 / U.S.A.

4. FEI Number 59-2236660 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PYSTER, PHIL 1133 W. MORSE BLVD., SUITE 201 WINTER PARK, FL 32789	Name: Pyster, Phil Street Address (P.O. Box Number is Not Acceptable): 341 N. Maitland Ave Suite # 130 City: Maitland FL Zip Code: 32751

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPF WHITAKER, DALLAS 4300 W CYPRESS ST STE 850 TAMPA, FL 33607	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCIM Institute 1st Regional VP Greg Ruthven, CCIM P.O. Box 2420 Lakeland, FL 33806	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE KAISER, JASON 1900 SUMMIT TOWER BLVD STE 750 ORLANDO, FL 32810	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jason Kaiser, CCIM 200 S. Orange Ave. Ste 140 Orlando, FL 32801	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPE ODENA, SUE CCIM 280 S RONALD REAGAN BLVD STE 203 LONGWOOD, FL 32750	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Elect Wayne Kleinstiver, CCIM P.O. Box 6534 Vero Beach, FL 32961	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HENKINS, THOMAS E 605 E ROBINSON ST 420 ORLANDO, FL 32801	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP of Administration Dallas Whitaker, CCIM 4300 West Cypress St Ste 850 Tampa, FL 33607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RUTHVEN, GREG POB 2420 LAKELAND, FL 33806	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP of Finance Mike Shelton, CCIM 280 S Ronald Reagan Blvd Ste 203 Longwood, FL 32750	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPCO KLEINSTIVER, WAYNE POB 6534 VERO BEACH, FL 32961	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP of Chapter Operation Albert Livingston, CCIM 1560 Orange Ave, #460 Winter Park, FL 32789	☐ Change ☑ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #