2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001180

Apr 20, 2007 Secretary of State

Entity Name: COMMERCIAL REAL ESTATE WOMEN-JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business:

3840 BELFORT ROAD JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

3840 BELFORT ROAD JACKSONVILLE, FL 32216

FEI Number: 01-0597804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HEINEMAN, VALERIE J TREAS. 3840 BELFÓRT ROAD

3840 BÉLFORT ROAD JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 US

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.

FARAH, KAREN A TREAS.

SIGNATURE: KAREN FARAH 04/20/2007

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32258

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32207

() Delete (X) Change () Addition

HENDERSON, DENISE DURAND, TERESA Name: Name: 6662 COLUMBIA PARK DR. S., SUITE 1 Address: 1450 FLAGLER AVE. SUITE 24 Address:

Title: () Delete Title: (X) Change () Addition

DURAND, TERESA Name: LIPKO, BETH Name:

Address: 1450 FLAGLER AVE., SUITE 24 Address: ONE INDEPENDENT DRIVE 24TH FLOOR

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32202

Title: () Delete Title: (X) Change () Addition GROSS-ARNOLD, MELISSA

Name: MORE, DEBBIE Name: 9428 BAYMEADOWS RD., SUITE 625 200 W. FORSYTH ST. STE 510 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32202

Title: () Delete Title: (X) Change () Addition

Name: HEINEMAN, VALERIE J Name: FARAH, KAREN A 7749 NORMANDY BLVD. Address: 3840 BELFORT ROAD Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32221

Title: (X) Delete Title: () Change () Addition

SCHOCK, MEL Name: Name: 1524 SAN MARCO BLVD. Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

AVAMPATO, LORI Name: Name: Address: 1650 PRUDENTIAL DRIVE SUITE 102 Address: JACKSONVILLE, FL 32207 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN FARAH **TREA** 04/20/2007