

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007611

FILED
Apr 30, 2004
Secretary of State

Entity Name: NATURE COAST CHAPTER WOMEN'S COUNCIL OF REALTORS, INC.

Current Principal Place of Business:

300 NW HWY. 19
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

Current Mailing Address:

300 NW HWY. 19
CRYSTAL RIVER, FL 34428

New Mailing Address:

FEI Number: 14-1894374 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOOD, LEILA K
300 NW HWY. 19
CRYSTAL RIVER, FL 34428

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: P () Delete
Name: WOOD, LEILA K
Address: 300 NW HWY. 19
City-St-Zip: CRYSTAL RIVER, FL 34461

Title: V () Delete
Name: GRENON, ELAINE
Address: 2715 FORREST. RD.
City-St-Zip: SPRING HILL, FL 34606

Title: S () Delete
Name: COX, DARYL
Address: 3441 DELTON BLVD.
City-St-Zip: SPRING HILL, FL 34606

Title: T () Delete
Name: WARD, LEE ANN
Address: 916 N SUNCOAST BLVD.
City-St-Zip: CRYSTAL RIVER, FL 34429

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 for the exemption stated in Section 119.07(3)(i), 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: LEILA K. WOOD

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date