2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007611

FILED Apr 04, 2005 Secretary of State

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

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

300 NW HWY. 19 2715 FOREST ROAD CRYSTAL RIVER, FL 34428 SPRING HILL, FL 34606

Current Mailing Address: New Mailing Address:

300 NW HWY. 19 2715 FOREST ROAD CRYSTAL RIVER, FL 34428 SPRING HILL, FL 34606

FEI Number: 14-1894374 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:

WOOD, LEILA K
300 NW HWY. 19
CRYSTAL RIVER, FL 34428 US
HANNA, MICKI
2715 FOREST ROAD
SPRING HILL, FL 34606 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.

SIGNATURE: MICKI HANNA 04/04/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 WOOD, LEILA K
 Name:
 GRENON, ELAINE

 Address:
 300 NW HWY. 19
 Address:
 2715 FOREST ROAD

 City-St-Zip:
 CRYSTAL RIVER, FL 34461
 City-St-Zip:
 SPRING HILL, FL 34606

Title: V () Delete Title: V (X) Change () Addition Name: GRENON, ELAINE Name: HAAG, MELONIE

Address: 2715 FORREST. RD. Address: 916 N SUNCOAST BLVD.
City-St-Zip: SPRING HILL, FL 34606 City-St-Zip: CRYSTAL RIVER, FL 34429

Title: S () Delete Title: S (X) Change () Addition
Name: COX, DARYL Name: PASTORI, BETTY

 Name:
 COX, DARYL
 Name:
 PASTORI, BETTY

 Address:
 3441 DELTON BLVD.
 Address:
 2715 FOREST ROAD

 City-St-Zip:
 SPRING HILL, FL 34606
 City-St-Zip:
 SPRING HILL, FL 34606

 Name:
 WARD, LEE ANN
 Name:
 HANNA, MICKI

 Address:
 916 N SUNCOAST BLVD.
 Address:
 2716 FOREST ROAD

 City-St-Zip:
 CRYSTAL RIVER, FL 34429
 City-St-Zip:
 SPRING HILL, FL 34606

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: MICKI HANNA T 04/04/2005