2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007611

FILED Jan 03, 2007 Secretary of State

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

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

730 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34429

Current Mailing Address: New Mailing Address:

730 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34429

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:

HAAG, MELONIE

730 N. SUNCOAST BLVD

730 N. SUNCOAST BLVD

CRYSTAL RIVER, FL 34429 US CRYSTAL RIVER, FL 34429 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: LEE ANN WARD 01/03/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: HAAG, MELONIE Name: WARD, LEE ANN

Address: 730 N. SUNCOAST BLVD Address: 730 N. SUNCOAST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: CRYSTAL RIVER, FL 34429

Title: PE () Delete Title: PE (X) Change () Addition Name: WARD, LEE A Name: GARMAN, PEGGY

 Name:
 WARD, LEE A
 Name:
 GARMAN, PEGGY

 Address:
 730 N. SUNCOAST BLVD
 Address:
 13103 SPRING HILL DR

 City-St-Zip:
 CRYSTAL RIVER, FL 34429
 City-St-Zip:
 SPRING HILL, FL 34609

 Name:
 MULCAHY, ELIZABETH
 Name:
 WADE, SALLY

 Address:
 254 NE 3RD AVE SUITE 105
 Address:
 358 NE 3RD ST

City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: CRYSTAL RIVER, FL 34429

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

Name:GARMAN, BETHName:CARLSON, HAZELAddress:13103 SPRING HILLS DRAddress:2965 E. GULF TO LAKE HWYCity-St-Zip:SPRING HILL, FL 34609City-St-Zip:INVERNESS, FL 34453

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: LEE ANN WARD P 01/03/2007