2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007611

FILED Jan 28, 2008 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
2965 E GULF TO LAKE HWY
INVERNESS, FL 34453

Current Mailing Address: New Mailing Address:

730 N. SUNCOAST BLVD
CRYSTAL RIVER, FL 34429
2965 E GULF TO LAKE HWY
INVERNESS, FL 34453

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:

WARD, LEE ANN
730 N. SUNCOAST BLVD
CRYSTAL RIVER, FL 34429 US
CARLSON, HAZEL A
2965 E GULF TO LAKE HWY
INVERNESS, FL 34453 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: HAZEL A CARLSON 01/28/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 WARD, LEE ANN
 Name:
 CARLSON, HAZEL A

 Address:
 730 N. SUNCOAST BLVD
 Address:
 2965 E GULF TO LAKE HWY

 City-St-Zip:
 CRYSTAL RIVER, FL 34429
 City-St-Zip:
 INVERNESS, FL 34453

Title: PE () Delete Title: PE (X) Change () Addition Name: GARMAN, PEGGY Name: SULLIVAN, EILEEN

Address: 13103 SPRING HILL DR Address: 5485 FIRETHORN POINT
City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: BROOKSVILLE, FL 34609

Title: T () Delete Title: () Change () Addition

 Name:
 WADE, SALLY
 Name:

 Address:
 358 NE 3RD ST
 Address:

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

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

 Name:
 CARLSON, HAZEL
 Name:
 FUSS, ANITA

 Address:
 2965 E. GULF TO LAKE HWY
 Address:
 4511 N LECANTO HWY

 City-St-Zip:
 INVERNESS, FL 34453
 City-St-Zip:
 BEVERLY HILLS, FL 34465

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

 Name:
 Name:
 PETERSON, BONNIE

 Address:
 Address:
 425 N CITRUS AVENUE

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

I hereby certify that the information supplied with this filing does not qualify 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: HAZEL A CARLSON P 01/28/2008