

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90006 018 \*\*\*\*61.25

<b>DOCUMENT # N06000001897</b>					
<b>1. Entity Name</b> WOMEN'S COUNCIL OF REALTORS FLAGLER COUNTY CHAPTER, INC.					
<b>Principal Place of Business</b> 2710 EAST MOODY BLVD. BUNNELL, FL 32110			<b>Mailing Address</b> P.O. BOX 1836 FLAGLER BEACH, FL 32136		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> PO Box 352331			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		City & State Palm Coast, FL		<b>4. FEI Number</b> 20-5118606	
Zip		Zip 32135-2331		Country US	
<b>6. Name and Address of Current Registered Agent</b>  BENSON, SARAH 5405 JOHN ANDERSON HWY FLAGLER BEACH, FL 32136				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: <u>Sarah H Benson</u> , SARAH H. BENSON <span style="float: right;">3/9/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P KERR, KATHY <input checked="" type="checkbox"/> Delete 7 CROSSWAY CT PALM COAST, FL 32137				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP GROOM, CATHERINE <input type="checkbox"/> Delete 28 WEYMOUTH LANE PALM COAST, FL 32164				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP BARRY, JOLITA <input type="checkbox"/> Delete PO BOX 351365 PALM COAST, FL 32135				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S RADCLIFF, KAREN <input type="checkbox"/> Delete 143 AVALON AVE FLAGLER BEACH, FL 32136				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T BENSON, SARAH <input type="checkbox"/> Delete 5405 JOHN ANDERSON HWY FLAGLER BEACH, FL 32136				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
VP membership Karen Farrell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1323 S. Daytona Ave. Flagler Beach, FL 32136					
President <input type="checkbox"/> Change <input type="checkbox"/> Addition					
Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
Secretary Karen Royal <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 47 Southlake Palm Coast, FL 32137					
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Sarah H Benson</u> , SARAH H. BENSON, 3/9/08 (386)299-8950 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required