## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008178

FILED Mar 03, 2009 Secretary of State

Entity Name: REALTORS CARE FOUNDATION OF GTAR, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2918 W. KENNEDY BLVD. TAMPA, FL 33609 **Current Mailing Address: New Mailing Address:** 2918 W. KENNEDY BLVD. TAMPA, FL 33609 FEI Number: 86-1170640 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: AUSTIN, CAROL A CEO 2918 W. KENNEDY BLVD. TAMPA, FL., FL 33609 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition SELVEY, JAMES MONROE, BRADFORD Name: Name: 509 S. 57TH ST., Address: 2119 W. BRANDON BLVD SUITE A Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: BRANDON, FL 33511 Title: Title: (X) Change ( ) Addition ( ) Delete RODRIGUEZ, JACK Name: DUNCAN, BOB Name: Address: 216 SHORE CREST DR. Address: P.O. BOX 1567 City-St-Zip: TAMPA, FL 33559 City-St-Zip: BRANDON, FL 33509 Title: () Delete Title: (X) Change ( ) Addition FARMER, DEBORAH COHEN, NORMA Name: Name: 2104 KYRA DRIVE 608 S. LOIS AVE. Address: Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33609 Title: () Delete Title: ( ) Change (X) Addition Name: Name: ANGELO, CHRISTOPHER 4415 CARROLLWOOD VILLAGE DR Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33624 Title: () Delete Title: ( ) Change (X) Addition MCFOLLING, SALLY Name: Name: 1018 SYMPHONY ISLES BLVD. Address: Address: City-St-Zip: City-St-Zip: APOLLO BEACH, FL 33572 Title: () Delete Title: ( ) Change (X) Addition MONROE, BRADFORD Name: Name: Address: Address: 1755 W. BRANDON BLVD. BRANDON, FL 33511 City-St-Zip: City-St-Zip:

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: CAROL A. AUSTIN CEO 03/03/2009