

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N06000008505**

1. Entity Name

CAPITAL REGION REAL ESTATE COUNCIL, INC.



Principal Place of Business

277 PINWOOD DRIVE  
TALLAHASSEE FL 32303  
US

Mailing Address

277 PINWOOD DRIVE  
TALLAHASSEE FL 32303  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

20-8490558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHEWS, MATT  
277 PINWOOD DRIVE  
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature is required when registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to:**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIR  
MATHEWS, MATT  
277 PINWOOD DRIVE  
TALLAHASSEE FL 32303

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIR  
GAUTIER, RUSSELL  
2010 DELTA BLVD.  
TALLAHASSEE FL 32303

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIR  
SPENCER, GWENDOLYN  
3656 SHAMROCK WEST  
TALLAHASSEE FL 32309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000000865533  
04/07/08-80032-015 61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

*Matt Mathews*

Matt Mathews

03/19/2008

(850 681-9303)