2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# N07000005388

Entity Name: REALTOR ASSOCIATION OF GREATER FORT MYERS AND THE BEACH CRISIS FOUNDATION, INC.

Current Principal Place of Business:

2840 WINKLER AVENUE
FT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

2840 WINKLER AVENUE
FT MYERS, FL 33916

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALE, EDWARD W
12510 WORLD PLAZA LANE
SUITE 1
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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:

Title: T ( ) Delete
Name: KNIGHT, CHRISTIE
Address: 2840 WINKLER AVENUE
City-St-Zip: FT MYERS, FL 33916

Title: T ( ) Delete
Name: SHERER, SUZANNE
Address: 2840 WINKLER AVENUE
City-St-Zip: FT MYERS, FL 33916

Title: T ( ) Delete
Name: GUSTAFSON, CONNIE
Address: 2840 WINKLER AVENUE
City-St-Zip: FT MYERS, FL 33916

Title: T ( ) Delete
Name: WILLIAMSON, KEVIN
Address: 2840 WINKLER AVENUE
City-St-Zip: FT MYERS, FL 33916

Title: T ( ) Delete
Name: BIONDI, LINDA
Address: 2840 WINKLER AVENUE
City-St-Zip: FT MYERS, FL 33916

Title: T (X) Delete
Name: PRY, KELLY
Address: 2840 WINKLER AVENUE
City-St-Zip: FT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: CHRISTIE KNIGHT T 01/22/2008
Electronic Signature of Signing Officer or Director — Date