2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005388

FILED Feb 20, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2840 WINKLER AVENUE FT MYERS, FL 33916 **Current Mailing Address: New Mailing Address:** 2840 WINKLER AVENUE FT MYERS, FL 33916 FEI Number: 26-2532812 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: HALE, EDWARD W 12510 WORLD PLAZA LANE SUITE 1 FORT MYERS, FL 33907 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KNIGHT, CHRISTIE Name: Name: 2840 WINKLER AVENUE Address: Address: City-St-Zip: FT MYERS, FL 33916 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SHERER, SUZANNE Name: Address: 2840 WINKLER AVENUE Address: City-St-Zip: FT MYERS, FL 33916 City-St-Zip: Title: () Delete Title: () Change () Addition GUSTAFSON, CONNIE Name: Name: 2840 WINKLER AVENUE Address: Address: City-St-Zip: FT MYERS, FL 33916 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILLIAMSON, KEVIN Name: 2840 WINKLER AVENUE Address: Address: City-St-Zip: FT MYERS, FL 33916 City-St-Zip: Title: () Delete Title: () Change () Addition BIONDI, LINDA Name: Name: 2840 WINKLER AVENUE Address: Address: City-St-Zip: FT MYERS, FL 33916 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 02/20/2009