2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

TRENTON FL 32693

CITY-ST-7IP

SIGNATURE:

Feb 06, 2006 8:00 am **Secretary of State** DOCUMENT # N22778 02-06-2006 90086 042 ****61.25 DIXIE-GILCHRIST-LEVY MULTIPLE LISTING SERVICE, INC. Principal Place of Business Mailing Address 4W PARK AVE P.O. BOX 2059 CHIEFLAND FL 32626 CHIEFLAND FL 32644 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2843794 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS, LORENE CENTURY 21 LORENE THOMAS REALTY INC. Street Address (P.O. Box Number is Not Acceptable) **HWY 98 S** OLD TOWN FL 32680 City 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 required when reinstating) DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change D HALLETT, RUSS NAME NAME Royce Barber 8691 NW 120TH ST STREET ADDRESS STREET ADDRESS 9490 NW 52nd Court CHIEFLAND FL 32644 CITY-ST-ZIP CITY-ST-ZIP Chiefland, FL 32626 - PD TITLE □ Delete TITLE ☐ Change Addition BAYNARD, OWEN NAME NAME 1835 N. YOUNG STREET ADDRESS STREET ADDRESS CHIEFLAND FL 32626 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Ch Addition Mike Ryan COTHRON, PHILLIP NAME NAME 715 N. Main Street STREET ADDRESS 512 N. MAIN STREET ADDRESS CHIEFLAND FL 32626 CITY-ST-ZIP CITY-ST-ZIP Trenton, Fl 32693 W V D TITLE Delete TITLE ☐ Change ☐ Addition NAME KEARNS, KEITH D NAME STREET ADDRESS 10890 SW 72ND COURT STREET ADDRESS CITY-ST-ZIP CHIEFLAND FL 32626 CITY-ST-ZIP TITLE TITLE Delete TD □ Change ☐ Addition George Ritch PHILLIPS, DONNA NAME NAME 11613 NW 9th Lane STREET ADDRESS 115 W 1ST STREET STREET ADDRESS WILLISTON FL 32696 CITY-ST-ZIP CITY-ST-ZIP Gainesville, FL 32606 SD Delete **★** Change ☐ Addition TROKE, PAUL NAME April Simmons PO 1208 STREET ADDRESS STREET ADDRESS

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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 of fustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that myname appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered OWED 7. By 419.480

FILED

33 SE 302nd Ave.

FI

32680

Old Town,

ATTACHMENT

40009083

Robin Schwartz D PO 2200 High Springs, F. 32655 HNANT