2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# N92000000722

Entity Name: WAUCHULA BOARD OF REALTORS, INC.

Current Principal Place of Business:

228 N. 6TH AVENUE
WAUCHULA, FL 33873 US

New Principal Place of Business:

220 N. 6TH AVENUE
WAUCHULA, FL 33873 US

Current Mailing Address:

PO BOX 1312
WAUCHULA, FL 33873 US

New Mailing Address:

FEI Number: 65-0413826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REAS, MONICA
234 S. 6TH AVE
WAUCHULA, FL 33873 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: P ( ) Delete
Name: REAS, MONICA
Address: 234 S. 6TH AVE.
City-St-Zip: WAUCHULA, FL 33863

Title: V ( ) Delete
Name: SEE, JAMES V JR.
Address: 206 N. 6TH AVE
City-St-Zip: WAUCHULA, FL 33873

Title: ST ( ) Delete
Name: FLORES, NOEY A
Address: 228 N. 6TH AVE
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete
Name: FLORES, OCTAVIANO R.
Address: 228 NORTH 6TH AVENUE
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete
Name: SEE, JR., JAMES V.
Address: 206 NORTH 6TH AVENUE
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete
Name: LAMBERT, DORIS S
Address: 402 S. 6TH AVENUE
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change ( ) Addition
Name: FLORES, NOEY A
Address: 220 N. 6TH AVE
City-St-Zip: WAUCHULA, FL 33873

Title: D (X) Change ( ) Addition
Name: FLORES, OCTAVIANO R.
Address: 220 NORTH 6TH AVENUE
City-St-Zip: WAUCHULA, FL 33873

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 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: NOEY A. FLORES ST 05/02/2006
Electronic Signature of Signing Officer or Director — Date