

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000971 (9)

1. Corporation Name

WOMEN'S COUNCIL OF REALTORS OF GAINESVILLE/ALACH
UA COUNTY, INC.

Principal Place of Business

Mailing Address

1204 NW 10TH AVE.
GAINESVILLE FL 326011204 NW 10TH AVE.
GAINESVILLE FL 32601-41533. Date Incorporated or Qualified
02/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, MELISSA J
703 NE 1ST ST.
GAINESVILLE FL 32601

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME PITTS, DONNA
STREET ADDRESS 4141 NW 37TH PL.
CITY-ST-ZIP GAINESVILLE FL 326061.1 TITLE ☒ Change ☐ Addition
1.2 NAME Beverly Anderson
1.3 STREET ADDRESS 5542 NW 43 ST
1.4 CITY-ST-ZIP GAINESVILLE FL 32653TITLE DVP ☐ DELETE
NAME LEHRER, SANDRA
STREET ADDRESS 5542 NW 43RD ST.
CITY-ST-ZIP GAINESVILLE FL 326532.1 TITLE ☒ Change ☐ Addition
2.2 NAME VANESSA RIEFKOHL
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DT ☐ DELETE
NAME BOSSHARDT, CAROL
STREET ADDRESS 5542 NW 43RD ST.
CITY-ST-ZIP GAINESVILLE FL 326533.1 TITLE ☒ Change ☐ Addition
3.2 NAME GEORGE SATZ
3.3 STREET ADDRESS 4141 NW 37 PL
3.4 CITY-ST-ZIP GAINESVILLE FL 32606TITLE DS ☐ DELETE
NAME REITNAUER, SOPHIA
STREET ADDRESS 4516 NW 23RD AVE.
CITY-ST-ZIP GAINESVILLE FL 326064.1 TITLE ☒ Change ☐ Addition
4.2 NAME FRAN POLLAND
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0010542

CR2E037 (9/96)