

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90038 018 ****61.25

DOCUMENT # N96000004651 1. Entity Name WOMEN'S COUNCIL OF REALTORS FLORIDA STATE CHAPTER, INC.					
Principal Place of Business 49 VIA DE LUNA PENSACOLA BEACH FL 32561 20			Mailing Address 49 VIA DE LUNA PENSACOLA BEACH FL 32561 03		
2. Principal Place of Business - No P.O. Box # 3910 SW 11TH PLACE Suite, Apt. #, etc.		3. Mailing Address 3910 SW 11TH PLACE Suite, Apt. #, etc.			
City & State CAPE CORAL FL		City & State CAPE CORAL FL		4. FEI Number NO-T APPLICABLE	
Zip 33914		Country LEE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARPER, NAN 49 VIA DE LUNA PENSACOLA BEACH FL 32561			7. Name and Address of New Registered Agent Name ROBIN MCKEEVER Street Address (P.O. Box Number is Not Acceptable)- 3910 SW 11TH PLACE City CAPE CORAL FL Zip Code 33914		
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 <u><i>Robin McKeever</i></u> ROBIN MCKEEVER TREASURER 03/17/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MEADOWS, SHERRI 8926 SW 27TH AVE OCALA FL 34476	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROSEMARY MAHONEY 802 FOREST HILL LANE PORT CHARLOTTE, FL 33948	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE MAHONEY, ROSEMARY 2762 TAMiami TRAIL, UNIT A PORT CHARLOTTE FL 33952	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT-ELECT MARIE AVERY 4326 15 TH WAY W PALMETTO, FL 34221	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AVERY, MARIE 3850 E. STATE ROAD 64 BRADENTON FL 34208	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT NAN HARPER 49 VIA DE LUNA PENSACOLA BEACH FL 32561	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ROQUE, ANA MARIA L 87875 SW 104TH STREET, STE 101 MIAMI FL 33156	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROBIN MCKEEVER 3910 SW 11 TH PLACE CAPE CORAL FL 33914	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HARPER, NAN 49 VIA DE LUNA PENSACOLA BEACH FL 32561	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DIANE MCCOMBS 115 NE 8 TH AVENUE OCALA, FL 34470	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Robin McKeever</i></u> ROBIN MCKEEVER TREASURER 3/17/08 (239) 292-4158 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					