

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004651

FILED
Mar 30, 2009
Secretary of State

Entity Name: WOMEN'S COUNCIL OF REALTORS FLORIDA STATE CHAPTER, INC.

Current Principal Place of Business:

3910 SW 11TH PLACE
CAPE CORAL, FL 33914 20

New Principal Place of Business:

1805 SW 87 PL.
OCALA, FL 34476 20

Current Mailing Address:

3910 SW 11TH PLACE
CAPE CORAL, FL 33914 20

New Mailing Address:

1805 SW 87 PL.
OCALA, FL 34476 20

FEI Number: 59-2158240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKEEVER, ROBIN
3910 SW 11TH PLACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

MCCOMBS, DIANE
1805 SW 87 PL
OCALA, FL 34476 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: DIANE MCCOMBS

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MAHONEY, ROSEMARY
Address: 802 FOREST HILL LANE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: PE () Delete
Name: AVERY, MARIE
Address: 4326 15TH WAY W
City-St-Zip: PALMETTO, FL 34221

Title: VP () Delete
Name: HARPER, NAN
Address: 49 VIA DE LUNA
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: T () Delete
Name: MCKEEVER, ROBIN
Address: 3910 SW 11TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: S () Delete
Name: MCCOMBS, DIANE
Address: 115 NE 8TH AVENUE
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: AVERY, MARIE
Address: 4326 15TH WAY W
City-St-Zip: PALMETTO, FL 34421

Title: PE (X) Change () Addition
Name: HARPER, NAN
Address: 49 VIA DE LUNA
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: VP (X) Change () Addition
Name: MCKEEVER, ROBIN
Address: 3910 SW 11TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: T (X) Change () Addition
Name: MCCOMBS, DIANE
Address: 1805 SW 87 PLACE
City-St-Zip: OCALA, FL 34476

Title: S (X) Change () Addition
Name: WORTH-PAU, AMY
Address: 1663 COLLEEN STREET
City-St-Zip: SARASOTA, FL 34231

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: DIANE MCCOMBS

T

03/30/2009

Electronic Signature of Signing Officer or Director

Date