## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000001861

FILED May 01, 2007 Secretary of State

Entity Name: SOUTH FLORIDA BOARD OF REALTISTS, INC.

Current Principal Place of Business: New Principal Place of Business:

610 NW 183RD ST SUITE 206 MIAMI GARDENS, FL 33169

Current Mailing Address: New Mailing Address:

610 NW 183RD ST SUITE 206 MIAMI GARDENS, FL 33169

FEI Number: 65-0244264 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: Name and Address of New Registered Agent:

CARROLL, CAROLYN ROSE, MINCEY

610 NW 183RD ST SUITE 206 610 NW 183RD ST SUITE 206 MIAMI GARDENS, FL 33169 US MIAMI GARDENS, FL 33169 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: ROSE MINCEY 05/01/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 WOODS, DARIN
 Name:
 BISHOP, CHESTER

 Address:
 18140 NW 18TH AVE.
 Address:
 610 NW 183RD ST SUITE 206

City-St-Zip: MIAMI, FL 33056 City-St-Zip: MIAMI, FL 33169

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FELTON, DANNY
 Name:

 Address:
 600 NW 183RD STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33169
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition Name: GARDENER, VALERIE Name: JOHNSON, IROSE

Address: 2440 NE MIAMI GARDENS DR, STE 103 Address: 610 NW 183RD ST SUITE 206

City-St-Zip: MIAMI, FL 33180 City-St-Zip: MIAMI, FL 33169

City-3:-Zip. IVIIAIVII, FL 33160 City-3:-Zip. IVIIAIVII, FL 3316

Title: S () Delete Title: S (X) Change () Addition

 Name:
 ODUMS, SIMONE
 Name:
 MINCEY, ROSE

 Address:
 2440 NE MIAMI GARDENS DR, STE 103
 Address:
 610 NW 183RD ST SUITE 206

City-St-Zip: MIAMI, FL 33180 City-St-Zip: MIAMI, FL 33169

 $\label{eq:total_problem} \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{$($)$ Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{$($X)$ Change $($)$ Addition}$ 

Name: LAMEY, LEMA Name: ANDERSON, GAILA

Address: 4620 W COMMERCIAL BLVD SUITE #9 Address: 610 NW 183RD ST SUITE 206

City-St-Zip: TAMARAC, FL 33319 City-St-Zip: MIAMI, FL 33169

Title: S () Delete Title: S (X) Change () Addition

 Name:
 CASON, WILBERT
 Name:
 CASON, WILBERT

 Address:
 20000 N.W. 15TH AVENUE
 Address:
 610 NW 183RD ST SUI

 Address:
 20000 N.W. 15TH AVENUE
 Address:
 610 NW 183RD ST SUITE 206

 City-St-Zip:
 MIAMI, FL 33169
 City-St-Zip:
 MIAMI, FL 33169

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: CHESTER BISHOP P 05/01/2007

Electronic Signature of Signing Officer or Director

Date