

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90113 008 ***150.00

DOCUMENT # P95000046840

1. Entity Name
**MID-FLORIDA REGIONAL MULTIPLE LISTING SERVICE,
INC.**



Principal Place of Business
**1330 W LEE ROAD
ORLANDO, FL 32810**

Mailing Address
**200 S. ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801**

50049593



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3327537

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**A.G.C. CO.
200 S ORANGE AVE
SUITE 2300
ORLANDO, FL 32801**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAWRENCE, JIM
690 DELTONA BLVD
DELTONA, FL 32725** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
VAHEY, JACK
125 E. WILT AVE.
EUSTIS, FL 32726** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VOSS, SHARON
317 WEKIVA SPRING RD, #100
LONGWOOD, FL 327793607** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
THOMAS SCAGLIONE
14823 DALE MABRY HWY.
TAMPA, FL 33618** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JENNINGS, BELTON
PO BOX 609400
ORLANDO, FL 328609400** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
COHEN, JOEL
2219 HILLSHIRE DRIVE
ORLANDO, FL 32828** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GALLAGHER, KATHLEEN
1315 TUSKAWILLA RD., STE 101
WINTER SPRINGS, FL 32708** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GALLIGHER-MCIVER, KATHLEEN** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
GOODWIN-DIETZ, KIM
931 W. OAK STREET, STE 100
KISSIMMEE, FL 34741** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☒ Change ☐ Addition

12. I 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with all other like empowered.

SIGNATURE

BELTON JENNINGS

4/27/05

407-513-7079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #