2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000091398

FILED Apr 28, 2006 Secretary of State

Entity Name: GREATER PENSACOLA BAY AREA CHAPTER OF THE WOMEN'S COUNCIL OF REALTORS, INC.

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

P.O. BOX 10113

PENSACOLA, FL 32524

Current Mailing Address: New Mailing Address:

P.O. BOX 10113 PENSACOLA, FL 32524

FEI Number: 59-3193780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAEHN, MARIA M

1318 DUNMIRE ST

SUITE 2

PENSACOLA, FL 32504 US

WEINER, MARTHA

3101N 12TH AVENUE

PENSACOLA, FL 32503 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: EM WEINER 04/28/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS. () Delete Title: PRES (X) Change () Addition
Name: DAEHN, MARIA M Name: WEINER, MARTHA
Address: 1318 DI INMIRE ST. SLITE 2

 Address:
 1318 DUNMIRE ST. SUITE 2
 Address:
 3101 N 12TH AVENUE

 City-St-Zip:
 PENSACOLA, FL 32504 US
 City-St-Zip:
 PENSACOLA, FL 32503 US

Title: PE () Delete Title: PE (X) Change () Addition Name: WEINER, MARTHA Name: PERKINS, FRAN

 Address:
 3101 N. 12TH AVE.
 Address:
 200 S MAIN ST

 City-St-Zip:
 PENSACOLA, FL 32503 US
 City-St-Zip:
 PENSACOLA, FL 32502 US

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

 Name:
 PERKINS, FRAN
 Name:
 MCGRAW, ROSIE

 Address:
 200 S. MAIN ST.
 Address:
 200 S. MAIN ST.

City-St-Zip: PENSACOLA, FL 32502 City-St-Zip: PENSACOLA, FL 32502

Title: T () Delete Title: T (X) Change () Addition
Name: CATHLEEN, CARNEY Name: ISAKSON, SHELLIE

 Address:
 2065 AIRPORT BLVD SUITE 200
 Address:
 4900 BAYOU BLVD #200

 City-St-Zip:
 PENSACOLA, FL 32503
 City-St-Zip:
 PENSACOLA, FL 32503

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

 Name:
 BONNIE, COMBS
 Name:
 HILLARD, DARLINE

 Address:
 4595 OLD SPANISH TRAIL RD
 Address:
 200 S MAIN STREET

 City-St-Zip:
 PENSACOLA, FL 32504
 City-St-Zip:
 PENSACOLA, FL 32502

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLIE ISAKSON O 04/28/2006