

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704474 (6)
1. Corporation Name
GREATER ORLANDO ASSOCIATION OF REALTORS, INC.



Principal Place of Business Mailing Address
**621 E. CENTRAL BLVD.
P.O. BOX 587
ORLANDO FL 32802**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **25** Country **29** Zip **30** Country

3. Date Incorporated or Qualified **08/27/1962** 3a. Date of Last Report **05/31/1995**
4. FEI Number **59-0859806** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**JENNINGS, BELTON E., III
621 E. CENTRAL BLVD.
ORLANDO FL 32802**
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0532 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PE <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEKS, JACK	1.2 NAME	Meeks, Jack
STREET ADDRESS	460 E SEMORAN BLVD	1.3 STREET ADDRESS	460 E. Semoran Blvd
CITY-ST-ZIP	CASSELBERRY FL 32707	1.4 CITY-ST-ZIP	Casselberry FL 32707
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUINN, JERY	2.2 NAME	Acker, Ron
STREET ADDRESS	211 E COLONIAL DRIVE	2.3 STREET ADDRESS	950 N. Orlando Ave., #150
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYLANDS, BARBARA	3.2 NAME	
STREET ADDRESS	4207 CURRY FORD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABETI, MAX	4.2 NAME	Sobeti, Max
STREET ADDRESS	4063 N GOLDENROD RD 208	4.3 STREET ADDRESS	4063 Goldenrod Rd, 208
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGT, PETE	5.2 NAME	
STREET ADDRESS	BOX 590527 5850 HAMMILL AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	5.4 CITY-ST-ZIP	
TITLE	PP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILPOT, GLENDA	6.2 NAME	Maclarty, W. Sue
STREET ADDRESS	625 N. COLONIAL DRIVE	6.3 STREET ADDRESS	600 Courtland St #550
CITY-ST-ZIP	ORLANDO FL 32803	6.4 CITY-ST-ZIP	Orlando, FL 32804

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 in connection with an attachment with an address.

SIGNATURE: Belton E. Jennings III 4/9/96 407 422 5143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)