

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996-2-27-96

DIVISION OF CORPORATIONS

DOCUMENT # 745203

1. Corporation Name

LAKE CITY BOARD OF REALTORS, INC.



Principal Place of Business

Mailing Address

214 S. ALACHUA STREET
LAKE CITY FL 32055--
US

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LAKE CITY FL 32055--
US

3. Date Incorporated or Qualified
12/12/1978

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 32025

25 Country

29 Zip 32025

30 Country

4. FEI Number

59-1925395

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

10. Name and Address of New Registered Agent

HALEY, WILLIAM J.
10 N. COLUMBIA
LAKE CITY, FL C 32055

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 617.0502 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

William J. Haley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME POOLE, RONALD
STREET ADDRESS 123 E. HOWARD ST.
CITY-ST-ZIP LIVE OAK FL

1.1 TITLE Change Addition
1.2 NAME McGLAMERY, BARBARA
1.3 STREET ADDRESS P. O. Box 3303
1.4 CITY-ST-ZIP Lake City, Fla. 32056

TITLE D DELETE
NAME SULLIVAN, S. C.
STREET ADDRESS P. O. BOX 303
CITY-ST-ZIP LIVE OAK FL

2.1 TITLE Change Addition
2.2 NAME PAGE, LINDA
2.3 STREET ADDRESS Route 13, Box 1154C
2.4 CITY-ST-ZIP Lake City, FL 32055

TITLE V DELETE
NAME McGLAMERY, BARBARA
STREET ADDRESS P. O. BOX 3303
CITY-ST-ZIP LAKE CITY FL

3.1 TITLE Change Addition
3.2 NAME TOLAR, ELAINE
3.3 STREET ADDRESS P. O. Box 7246
3.4 CITY-ST-ZIP Lake City, FL 32056

TITLE D DELETE
NAME CORACI, ELAINE
STREET ADDRESS RT. 14, BOX 601
CITY-ST-ZIP LAKE CITY FL

4.1 TITLE Change Addition
4.2 NAME MITCHELL, OLA
4.3 STREET ADDRESS Route 3, Box 173-7
4.4 CITY-ST-ZIP Lake City, FL 32055

TITLE D DELETE
NAME TAYLOR, JACKIE
STREET ADDRESS RT. 4, BOX 617
CITY-ST-ZIP LAKE CITY FL

5.1 TITLE Change Addition
5.2 NAME ROGERS, MARIA
5.3 STREET ADDRESS 1101 W. Duval St.
5.4 CITY-ST-ZIP Lake City, FL 32055

TITLE S DELETE
NAME BLANCHARD, MARIAN
STREET ADDRESS 966 W. DUVAL ST.
CITY-ST-ZIP LAKE CITY FL

6.1 TITLE Change Addition
6.2 NAME HERRING, TINKIE DAVIS
6.3 STREET ADDRESS Route 13, Box 1154C
6.4 CITY-ST-ZIP Lake City, FL 32055

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 if changed, or on an attachment with an address.

SIGNATURE: *Barbara J. McGlamery* Barbara J. McGlamery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (12/95)