

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745203 (0)**

1. Corporation Name  
**LAKE CITY BOARD OF REALTORS, INC.**



Principal Place of Business <b>214 S. ALACHUA STREET LAKE CITY FL 32025 US</b>	Mailing Address <b>214 S. ALACHUA STREET LAKE CITY FL 32025-7020 US</b>
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3. Date Incorporated or Qualified <b>12/12/1978</b>	3a. Date of Last Report <b>02/27/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-1925395</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE <b>P</b>	<input type="checkbox"/> DELETE <b>MCGLAMERY, BARBARA</b>	1.1 TITLE <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PO BOX 3303</b>	1.2 NAME	
STREET ADDRESS	<b>LAKE CITY FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE <b>PAGE, LINDA</b>	2.1 TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RT 13, BOX 1154C</b>	2.2 NAME <b>Helton, Carol</b>	
STREET ADDRESS	<b>LAKE CITY FL</b>	2.3 STREET ADDRESS <b>Rt 13, Box 1154C</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>Lake City, FL 32055</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE <b>TOLAR, ELAINE</b>	3.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PO BOX 7246</b>	3.2 NAME	
STREET ADDRESS	<b>LAKE CITY FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE <b>MITCHELL, OLA</b>	4.1 TITLE <b>President Elect</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RT 3, BOX 173-7</b>	4.2 NAME <b>Rogers, Walter</b>	
STREET ADDRESS	<b>LAKE CITY FL</b>	4.3 STREET ADDRESS <b>1101 W. Duval St.</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Lake City, FL 32055</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE <b>ROGERS, MARIA</b>	5.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1101 W DUVAL ST</b>	5.2 NAME <b>Kite, Eva.</b>	
STREET ADDRESS	<b>LAKE CITY FL</b>	5.3 STREET ADDRESS <b>Route 13, Box 845</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>Lake City, FL 32055</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE <b>HERRING, TINKIE DAVIS</b>	6.1 TITLE <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RT 13, BOX 1154C</b>	6.2 NAME	
STREET ADDRESS	<b>LAKE CITY FL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: Elaine K. Tolar DATE: \_\_\_\_\_ DAYTIME PHONE: **904-752-4211**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)