

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 748176 (5)
1. Corporation Name
THE GREATER TAMPA ASSOCIATION OF REALTORS, INC.



Principal Place of Business: **2918 W KENNEDY BLVD TAMPA FL 33609-0195**
Mailing Address: **2918 W KENNEDY BLVD TAMPA FL 33609-0195**

3. Date Incorporated or Qualified: **07/24/1979** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-0474867**
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

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **AUTIN, CAROL A 2918 W. KENNEDY BLVD. TAMPA FL 33609**
10. Name and Address of New Registered Agent:
81 Name: **Carol A. Austin (Name Correction)**
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: _____
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	NAME: WINGATE, NANCY <input checked="" type="checkbox"/> DELETE	1.1 TITLE: P	1.2 NAME: Lyle Stander <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 1003 S. ALEXANDER ST. #5	CITY-ST-ZIP: PLANT CITY FL 33566	1.3 STREET ADDRESS: 5444 Bay Center Dr. #116	1.4 CITY-ST-ZIP: Tampa, FL 33609
TITLE: PE	NAME: STANDER, LYLE <input checked="" type="checkbox"/> DELETE	2.1 TITLE: PE	2.2 NAME: Josephine B. Easton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 5444 BAY CENTER DR. #116	CITY-ST-ZIP: TAMPA FL 33609	2.3 STREET ADDRESS: 3418 Handy Rd. Suite 102	2.4 CITY-ST-ZIP: Tampa, FL 33612
TITLE: T	NAME: ADAMS, ANNA A <input type="checkbox"/> DELETE	3.1 TITLE: VP	3.2 NAME: Don E. Walden <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: P.O. BOX 22061 N/A	CITY-ST-ZIP: TAMPA FL 33622	3.3 STREET ADDRESS: P. O. Box 1569	3.4 CITY-ST-ZIP: Plant City, FL 33564
TITLE: D	NAME: JOHNSON, CONNIE <input type="checkbox"/> DELETE	4.1 TITLE: S	4.2 NAME: John P. Murphy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 9250 N. 56TH ST.	CITY-ST-ZIP: TEMPLE TERRACE FL 33617	4.3 STREET ADDRESS: 14497 N. Dale Mabry Hwy. #220	4.4 CITY-ST-ZIP: Tampa, FL 33618
TITLE: D	NAME: WALDEN, DON <input checked="" type="checkbox"/> DELETE	5.1 TITLE: D	5.2 NAME: Mary Odum <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: P.O. BOX 1569 N/A	CITY-ST-ZIP: PLANT CITY FL 33564	5.3 STREET ADDRESS: 777 W. Lumsden Rd.	5.4 CITY-ST-ZIP: Brandon, FL 33511
TITLE: S	NAME: BARFIELD, JOHN A <input checked="" type="checkbox"/> DELETE	6.1 TITLE: D	6.2 NAME: John A. Barfield <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 4901 W. CYPRESS STE. #200	CITY-ST-ZIP: TAMPA FL	6.3 STREET ADDRESS: 4901 W. Cypress Ste. #200	6.4 CITY-ST-ZIP: Tampa, FL 33607

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: *Carol A. Austin* Date: **3/15/96** Daytime Phone #: **813-879-7010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)