

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 # 748331 (6)
1. Corporation Name
FLAGLER COUNTY ASSOCIATION OF REALTORS, INC.



Principal Place of Business: 2010 E. STATE HWY 100, BUNNELL FL 32110 (not a mailing address)
Mailing Address: P.O. BOX 1997, FLAGLER BEACH FL 32136-3623, US

3. Date Incorporated or Qualified: 06/02/1979
3a. Date of Last Report: 04/17/1995
4. FEI Number: 59-2111176
5. Certificate of Status Desired: XX \$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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: SAPIENZA, STEPHEN, 300 N STATE ST, C/O P O BOX 635, BUNNELL FL 32110
10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code (FL).

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: MASTRIACOVO, HONORA STREET ADDRESS: 1 FARRADAY LANE CITY-ST-ZIP: PALM COAST FL	<input type="checkbox"/> DELETE	1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: NIEMINEN, SCOTT STREET ADDRESS: 96 FLAGLER PLAZA DR CITY-ST-ZIP: PALM COAST FL	<input type="checkbox"/> DELETE	2.1 TITLE: PD 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WILSON, ANNE STREET ADDRESS: 5750 N. OCEANSHORE BLVD. CITY-ST-ZIP: PALM COAST FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: D 3.2 NAME: DOOLEY, JANIE 3.3 STREET ADDRESS: 96 FLAGLER PLAZA DR. 3.4 CITY-ST-ZIP: PALM COAST, FL 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: FORREST, RUSSELL STREET ADDRESS: 24 FLORIDA PARK DRIVE CITY-ST-ZIP: PALM COAST FL	<input type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: HERRERA, EDDIE JR. STREET ADDRESS: P.O. BOX 128 N/A CITY-ST-ZIP: PALM COAST FL	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HEISER, GARY STREET ADDRESS: 39 OLD KINGS ROAD, NORTH CITY-ST-ZIP: PALM COAST FL	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] PRESIDENT 3/6/96 (904) 437-0095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)