FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **745203** **(0)**

1. Corporation Name

LAKE CITY BOARD OF REALTORS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
214 S. ALACHUA STREET LAKE CITY FL 32055 US	214 S. ALACHUA STREET LAKE CITY FL 32055 US

3. Date Incorporated or Qualified: 12/12/1978
3a. Date of Last Report: 07/07/1994
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

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

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 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	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	WARD, RAYNARD	1.2 NAME	Poole, Ronald	
STREET ADDRESS	RT. 13, BOX 1154-C N/A	1.3 STREET ADDRESS	123 E. Howard St.	
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	Live Oak, Fl 32060	
TITLE	S	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BARTHELMS, ELAINE	2.2 NAME	S. C. Sullivan	
STREET ADDRESS	P. O. DRAWER 1298 N/A	2.3 STREET ADDRESS	P. O. Box 303 N/A	
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	Live Oak, Fl 32060	
TITLE	V	3.1 TITLE	V	☒ Change ☐ Addition
NAME	POOLE, RONNIE	3.2 NAME	McGlamery, Barbara	
STREET ADDRESS	23 E. HOWARD ST.	3.3 STREET ADDRESS	P. O. Box 3303 N/A	
CITY-ST-ZIP	LIVE OAK FL	3.4 CITY-ST-ZIP	Lake City, Fl 32056	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HOLTON, NELL	4.2 NAME	Elaine Coraci	
STREET ADDRESS	1101 W. DUVAL ST.	4.3 STREET ADDRESS	Route 14, Box 601	
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	Lake City, Fla. 32055	
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	TOLAR, ELAINE	5.2 NAME	Jackie Taylor	
STREET ADDRESS	P. O. DRAWER 1298 N/A	5.3 STREET ADDRESS	Route 4, Box 617	
CITY-ST-ZIP	LIVE OAK FL	5.4 CITY-ST-ZIP	Lake City, Fla. 32055	
TITLE	D	6.1 TITLE	S	☐ Change ☐ Addition
NAME	BLANCHARD, MARIAN	6.2 NAME	(From D to S)	
STREET ADDRESS	968 W. DUVAL ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL	6.4 CITY-ST-ZIP		

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)(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: Ronald D. Poole Ronald D. Poole 1-18-95 904-362-4539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000049