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 31 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743325 (3)

1. Corporation Name
CHIPOLA AREA BOARD OF REALTORS, INC.

Principal Place of Business	Mailing Address
2912 GREEN ST STE B P.O.BOX 238 MARIANNA FL 32446	2912 GREEN ST STE B P.O.BOX 238 MARIANNA FL 32446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1978
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2147602 — Applied For: XX — 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GAUSE, W. G
4P[illegible] HIGHWAY 90
M[illegible]INA FL 32447

10. Name and Address of New Registered Agent

81 Name: Ouida M. Bylsma
82 Street Address (P.O. Box Number is Not Acceptable): 4630 Highway 90
83
84 City: Marianna — FL — 85 Zip Code: 32446

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: OUIDA M. BYLSMA — Ouida M. Bylsma — 1/24/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mailed. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President	XX Change ☐ Addition
NAME	RILEY, CAROLYN JOYCE	1.2 NAME	BYLSMA, Ouida M.	
STREET ADDRESS	4299 LAFAYETTE ST	1.3 STREET ADDRESS	4630 Highway 90	
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	Marianna, FL 32446	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	KIRKLAND, GLORIA J	2.2 NAME	200001395062	
STREET ADDRESS	4291 LAFAYETTE STREET	2.3 STREET ADDRESS	-02/01/95--01043--015	
CITY-ST-ZIP	MARIANNA, FL 32446	2.4 CITY-ST-ZIP	****130.00 ****130.00	
TITLE	ST	3.1 TITLE	Secretary/Treasurer	XX Change ☐ Addition
NAME	ROBERTSON, JAMES H JR.	3.2 NAME	HOLLINGSWORTH, Jean A.	
STREET ADDRESS	2664 CHOCTAW TRAIL	3.3 STREET ADDRESS	808 Main Street	
CITY-ST-ZIP	MARIANNA FL	3.4 CITY-ST-ZIP	Chipley, FL 32428	
TITLE	D	4.1 TITLE	Director	XX Change ☐ Addition
NAME	ROBERTS, POLLY W.	4.2 NAME	ROBERTSON, James H. Jr.	
STREET ADDRESS	4207 LAFAYETTE ST.	4.3 STREET ADDRESS	2664 Choctaw Trail	
CITY-ST-ZIP	MARIANNA FL	4.4 CITY-ST-ZIP	Marianna, FL 32446	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	PEACOCK, S. GARY	5.2 NAME		
STREET ADDRESS	4148 LAFAYETTE ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE	Vice President	XX Change ☐ Addition
NAME	BYLSMA, OUIDA M.	6.2 NAME	STUART, Virginia C.	
STREET ADDRESS	4630 HIGHWAY 90	6.3 STREET ADDRESS	4389 Lafayette Street, Suite A	
CITY-ST-ZIP	MARIANNA FL	6.4 CITY-ST-ZIP	Marianna, FL 32446	KC

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: Ouida M. Bylsma — Ouida M. Bylsma — 1/24/95 — 904/526-2891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020016