

# 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 # 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**

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P.O. BOX 238  
MARIANNA FL 32446**

3. Date Incorporated or Qualified  
**06/20/1978**

3a. Date of Last Report  
**01/31/1995**

4. FEI Number

**59-2147602**

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**

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OUIDA, BYLSMA M  
4630 HIGHWAY 90  
MARIANNA FL 32446**

81 Name

**Virginia C. Stuart**

82 Street Address (P.O. Box Number is Not Acceptable)

**4389 Lafayette St., Suite A**

83

**P. O. Box 357**

84

**Marianna**

**FL**

85

**32447**

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

*Virginia C. Stuart*

**Virginia C. Stuart, President**

**1-15-96**

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **P BYLSMA, OUIDA M**  
STREET ADDRESS **4630 HIGHWAY 90**  
CITY - ST - ZIP **MARIANNA FL 32446**

TITLE ☐ DELETE

NAME **D KIRKLAND, GLORIA J**  
STREET ADDRESS **4291 LAFAYETTE STREET**  
CITY - ST - ZIP **MARIANNA, FL 32446**

TITLE ☐ DELETE

NAME **ST HOLLINGWORTH, JEAN A JR.**  
STREET ADDRESS **808 MAIN STREET**  
CITY - ST - ZIP **CHIPLEY FL 32428**

TITLE ☐ DELETE

NAME **D ROBERTSON, JAMES**  
STREET ADDRESS **2864 CHOCTAW TRAIL**  
CITY - ST - ZIP **MARIANNA FL 32446**

TITLE ☒ DELETE

NAME **D PEACOCK, S. GARY**  
STREET ADDRESS **4148 LAFAYETTE ST**  
CITY - ST - ZIP **MARIANNA FL**

TITLE ☒ DELETE

NAME **VP STUART, VIRGINA C.**  
STREET ADDRESS **4389 LAFAYETTE STREET STE A**  
CITY - ST - ZIP **MARIANNA FL 32446**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **P STUART, Virginia C.**  
1.3 STREET ADDRESS **4389 Lafayette St., Suite A**  
1.4 CITY - ST - ZIP **Marianna FL 32446**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME **D RILEY, Carolyn Joyce**  
5.3 STREET ADDRESS **4299 Lafayette Street**  
5.4 CITY - ST - ZIP **Marianna FL 32446**

6.1 TITLE ☒ Change ☐ Addition

NAME **VP ROBERTS, James M. Jr.**  
6.3 STREET ADDRESS **4207 Lafayette Street**  
6.4 CITY - ST - ZIP **Marianna FL 32446**

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:

*Virginia C. Stuart*

**Virginia C. Stuart, President 904-482-4494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96

Daytime Phone #

CR2E037 (12/95)