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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N22230** **(9)**

1. Corporation Name

FORT LAUDERDALE AREA REALTORS CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O DANIEL H LINDBLADE CAE 1765 N.E. 26TH STREET FORT LAUDERDALE FL 33305 US	C/O DANIEL H LINDBLADE CAE 1765 N.E. 26TH STREET FORT LAUDERDALE FL 33305-1438 US

3. Date Incorporated or Qualified: 08/17/1987
3a. Date of Last Report: 04/16/1996

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

4. FEI Number: 65-0003512 ☐ 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

9. **Name and Address of Current Registered Agent**

LINDBLADE, DANIEL H CAE
1765 NE 26TH ST
FT LAUDERDALE FL 33305

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 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: Daniel H Lindblade — DANIEL H. LINDBLADE EVP — 2-19-97
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLAUDETTE BRUCK		1.2 NAME		
STREET ADDRESS	6610 N UNIV DR, STE 200		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JAMES NALL		2.2 NAME		
STREET ADDRESS	716 NE 25 WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	~~D~~	☐ DELETE	3.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	ANDERSON, MYRTLE T		3.2 NAME		
STREET ADDRESS	1635 S MIAMI RD #1		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOSEPH R MILLSAPS		4.2 NAME		
STREET ADDRESS	871 E COMMERCIAL BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	JAMES M. BALISTRERI	
STREET ADDRESS			5.3 STREET ADDRESS	1350 N FEDERAL HWY	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33062	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Claudette Bruck CLAUDETTE BRUCK 2-19-97 (954) 341-0620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — PRESIDENT — Date — Daytime Phone # 0035683