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Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 324462912 GREEN ST STE B
P.O. BOX 238
MARIANNA FL 32446-33343. Date Incorporated or Qualified
06/20/19783a. Date of Last Report
01/19/1996

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

4. FEI Number

59-2147602

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STUART, VIRGINIA C
4389 LAFAYETTE ST., SUITE A
MARIANNA FL 32447

81 Name ROBERTS, JAMES J. JR.

82 Street Address (P.O. Box Number is Not Acceptable)
4207 LAFAYETTE STREET

83

84 City MARIANNA

FL

85 Zip Code
32446

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

James M. Roberts, Jr.

February 27, 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETENAME
STUART, VIRGINIA C
STREET ADDRESS
4389 LAFAYETTE ST., SUITE A
CITY-ST-ZIP
MARIANNA FLTITLE D ☐ DELETENAME
KIRKLAND, GLORIA J
STREET ADDRESS
4291 LAFAYETTE STREET
CITY-ST-ZIP
MARIANNA, FL 32446TITLE ST ☒ DELETENAME
HOLLINGWORTH, JEAN A JR.
STREET ADDRESS
808 MAIN STREET
CITY-ST-ZIP
CHIPLEY FL 32428TITLE D ☐ DELETENAME
ROBERTSON, JAMES
STREET ADDRESS
2884 CHOCTAW TRAIL
CITY-ST-ZIP
MARIANNA FL 32446TITLE D ☐ DELETENAME
RILEY, CAROLYN J
STREET ADDRESS
4299 LAFAYETTE STREET
CITY-ST-ZIP
MARIANNA FLTITLE VP ☒ DELETENAME
ROBERTS, JAMES M
STREET ADDRESS
4207 LAFAYETTE STREET
CITY-ST-ZIP
MARIANNA FL1.1 TITLE P ☒ Change ☐ Addition1.2 NAME
ROBERTS, JAMES M. JR.
1.3 STREET ADDRESS
4207 Lafayette Street
1.4 CITY-ST-ZIP
Marianna FL 324462.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ST ☒ Change ☐ Addition3.2 NAME
ROBERTS, POLLY W.
3.3 STREET ADDRESS
4207 Lafayette Street
3.4 CITY-ST-ZIP
Marianna FL 324464.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE VP ☒ Change ☐ Addition6.2 NAME
HOLLINGSWORTH, JEAN A.
6.3 STREET ADDRESS
846 - 5th Street
6.4 CITY-ST-ZIP
Chipley FL 32428

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Roberts, Jr.

904-482-4635

Date

Daytime Phone

CR2E037 (9/96)