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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743325** (3)

1. Corporation Name

**CHIPOLA AREA BOARD OF REALTORS, INC.**

Principal Place of Business <b>2912 GREEN ST STE B P.O. BOX 238 MARIANNA FL 32446</b>	Mailing Address <b>2912 GREEN ST STE B P.O. BOX 238 MARIANNA FL 32446</b>
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3. Date Incorporated or Qualified

**06/20/1978**

4. FEI Number

**59-2147602**

Applied For  
Not Applicable

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERTS, JAMES J. JR.  
4207 LAFAYETTE ST.  
MARIANNA FL 32446**

81 Name **Jean A. Hollingsworth**

82 Street Address (P.O. Box Number is Not Acceptable)  
**846 - 5th Street**

83

84 City **Chipley**

FL

85 Zip Code  
**32428**

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 **Jean A. Hollingsworth, President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/19/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROBERTS JAMES M. JR.</b>	
STREET ADDRESS	<b>4207 LAFAYETTE ST.</b>	
CITY-ST-ZIP	<b>MARIANNA FL</b>	

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jean A. Hollingsworth</b>	
1.3 STREET ADDRESS	<b>846 - 5th Street</b>	
1.4 CITY-ST-ZIP	<b>Chipley, FL 32428</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KIRKLAND, GLORIA J</b>	
STREET ADDRESS	<b>4291 LAFAYETTE STREET</b>	
CITY-ST-ZIP	<b>MARIANNA, FL 32446</b>	

2.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Ouida M. Bylsma</b>	
2.3 STREET ADDRESS	<b>4630 Highway 90</b>	
2.4 CITY-ST-ZIP	<b>Marianna, FL 32446</b>	

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBERTS, POLLY W.</b>	
STREET ADDRESS	<b>4207 LAFAYETTE ST.</b>	
CITY-ST-ZIP	<b>MARIANNA FL</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBERTSON, JAMES</b>	
STREET ADDRESS	<b>2664 CHOCTAW TRAIL</b>	
CITY-ST-ZIP	<b>MARIANNA FL 32446</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RILEY, CAROLYN J</b>	
STREET ADDRESS	<b>4299 LAFAYETTE STREET</b>	
CITY-ST-ZIP	<b>MARIANNA FL</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOLLINGWORTH, JEAN A.</b>	
STREET ADDRESS	<b>846-5TH ST.</b>	
CITY-ST-ZIP	<b>CHIPLEY FL</b>	

6.1 TITLE	<b>VP Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Gloria J. Kirkland</b>	
6.3 STREET ADDRESS	<b>4291 Lafayette Street</b>	
6.4 CITY-ST-ZIP	<b>Marianna, FL 32446</b>	

14. I 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: **Jean A. Hollingsworth** **1/19/98** (850) 526-4030

CR2E037 (10/97)