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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 743325**

1. Corporation Name

CHIPOLA AREA BOARD OF REALTORS, INC.

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

Mailing Address

2912 GREEN ST STE B P.O.BOX 238

MARIANNA FL 32446

FILED Feb 22, 1999 8:00 am § Secretary of State

02-22-1999 90150 036 ****61.25

Principal Place of Business 2a. Mailing Address 3. Date incorporated or Qualified	
20	Applied For
501.6, Apr. #, etc. 59-2147602	Not Applicable
City & State	\$8.75 Additional
City & State City & State 5. Certificate of Status Desired	Fee Required
Zip Country Zip Country 6. Election Campaign Financing	\$5.00 May Be
24 25 29 30 Trust Fund Contribution	Added to Fees
Name and Address of Current Registered Agent 10. Name and Address of New R.	egistered Agent /
81 Name	
HOLLINSWORTH, JEAN A Kirkland, Gloria J. 82 Street Address (P.O. Box Number is Not Acceptate	ble)
846 5TH ST 4291 Lafayette Street	
CHIPLEY FL 32428	
	OE Zin Code
84 Cimarianna	FL 85 Zip Code 32446
and the state of t	numore of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement on the original of the corporation's board of directors. I hereby accept agent. I am familiarly with and accept the obligations of Section 617.0503, Florida Statutes.	t the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	/11/99 DATE
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TIME President	⊠ Change ☐ Additi
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MARIANNA FL 32446

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, with all other like empowered.

SIGNATURE:

QClopia D. Kirkland

1/11/99

(850) 526-4228