


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

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

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/20/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2147602	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOLLINSWORTH, JEAN A 846 5TH ST CHIPLEY FL 32428				81 Name			
				Kirkland, Gloria J.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				4291 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 617.1503, Florida Statutes.

SIGNATURE Gloria J. Kirkland Gloria J. Kirkland 1/11/99
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	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HOLLINSWORTH, JEAN A		1.2 NAME	Kirkland, Gloria J.			
STREET ADDRESS	846-5TH ST		1.3 STREET ADDRESS	4291 Lafayette Street			
CITY-ST-ZIP	CHIPLEY FL 32428		1.4 CITY-ST-ZIP	Marianna FL 32446			
TITLE	D irector	DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BYLSMA, OUIDA M		2.2 NAME				
STREET ADDRESS	4630 HIGHWAY 90		2.3 STREET ADDRESS				
CITY-ST-ZIP	MARIANNA FL 32446		2.4 CITY-ST-ZIP				
TITLE	ST	DELETE	3.1 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROBERTS, POLLY W.		3.2 NAME	Robertson, James			
STREET ADDRESS	4207 LAFAYETTE ST.		3.3 STREET ADDRESS	2664 Choctaw Trail			
CITY-ST-ZIP	MARIANNA FL		3.4 CITY-ST-ZIP	Marianna, FL 32446			
TITLE	D	DELETE	4.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ROBERTSON, JAMES		4.2 NAME	Roberts, James M. Jr.			
STREET ADDRESS	2664 CHOCTAW TRAIL		4.3 STREET ADDRESS	4207 Lafayette Street			
CITY-ST-ZIP	MARIANNA FL 32446		4.4 CITY-ST-ZIP	Marianna, FL 32446			
TITLE	D	DELETE	5.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	RILEY, CAROLYN J		5.2 NAME	Stuart, Virginia C.			
STREET ADDRESS	4299 LAFAYETTE STREET		5.3 STREET ADDRESS	4389 Lafayette St, Suite A			
CITY-ST-ZIP	MARIANNA FL		5.4 CITY-ST-ZIP	Marianna, FL 32446			
TITLE	VP	DELETE	6.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KIRKLAND, GLORIA J		6.2 NAME	Riley, Carolyn J.			
STREET ADDRESS	4291 LAFAYETTE ST		6.3 STREET ADDRESS	4299 Lafayette Street			
CITY-ST-ZIP	MARIANNA FL 32446		6.4 CITY-ST-ZIP	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: Gloria J. Kirkland Kirkland 1/11/99 (850) 526-4228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)