

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90004 004 ****61.25

DOCUMENT # 743325

1. Entity 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
**P.O. BOX 238
MARIANNA, FL 32447**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2147602

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAPP, TIMOTHY G
4261 W LAFAYETTE ST
MARIANNA, FL 32446**

7. Name and Address of New Registered Agent

Name **Cindy Thomas**

Street Address (P.O. Box Number is Not Acceptable)
930 Main St

City **Chipley**

FL

Zip Code
32428

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MILTON, KATHY S**
STREET ADDRESS **4325B LAFAYETTE ST**
CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE **ST** ☒ Delete
NAME **DAVIS, W. GRAIL**
STREET ADDRESS **846 5TH ST**
CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE **V** ☒ Delete
NAME **THOMAS, CINDY**
STREET ADDRESS **930 MAIN ST**
CITY-ST-ZIP **MARIANNA, FL-32446**

TITLE **D** ☐ Delete
NAME **ROBERTS, JAMES M JR**
STREET ADDRESS **4207 LAFAYETTE STREET**
CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE **P** ☐ Delete
NAME **SAPP, TIMOTHY G**
STREET ADDRESS **4261 W LAFAYETTE**
CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE **P** ☐ Delete
NAME **CHADWELL, ELAINE**
STREET ADDRESS **935 MAIN ST**
CITY-ST-ZIP **CHIPLEY, FL 32428**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Change ☒ Addition
NAME **Smith, Debbie Roney**
STREET ADDRESS **5371 Prairieview Rd.**
CITY-ST-ZIP **Greenwood, FL 32443**

TITLE **President** ☒ Change ☒ Addition
NAME **Thomas, Cindy**
STREET ADDRESS **930 Main St**
CITY-ST-ZIP **Chipley, FL 32428**

TITLE **VP** ☐ Change ☒ Addition
NAME **Stuart, Virginia C.**
STREET ADDRESS **2929 Russ St**
CITY-ST-ZIP **Marianna, FL 32446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☒ Change ☐ Addition
NAME **Chadwell, Elaine**
STREET ADDRESS **935 Main St**
CITY-ST-ZIP **Chipley, FL 32428**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #