FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714849 (7)

1. Corporation Name
THE FLORIDA REAL ESTATE EXCHANGORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3475 EAST BAY DR. P. O. BOX 1475 LARGO FL 33611	3475 EAST BAY DR. P. O. BOX 1475 LARGO FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1968
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-1841996 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PADDOCK, RUSSELL 3475 EAST BAY DRIVE LARGO FL 34641	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	TAYLOR, MINGTOY	1.2 NAME	JOHN MCCALL	
STREET ADDRESS	1950 LEE RD., STE. 107	1.3 STREET ADDRESS	3321 CATTLEMAN RD	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	SD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	HARRISON, NATALIE	2.2 NAME	BETTE POTTS	
STREET ADDRESS	P. O. BOX 060487 N/A	2.3 STREET ADDRESS	6237 PRESIDENTIAL CT # 126	
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	VD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	BRADLEY, RAY	3.2 NAME	GAIL GRIMLEY	
STREET ADDRESS	7334 MARLO RD.	3.3 STREET ADDRESS	1047 EAST AVE N.	
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	COOK, FRANK	4.2 NAME		
STREET ADDRESS	870 PARK LAKE CR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: V. Bette K. Potts 4-12-95 813-538-9299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067848