FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

714849 DOCUMENT # 1. Corporation Name

THE FLORIDA REAL ESTATE EXCHANGORS ASSOCIATION, INC.

Principal Place	of Business	Mailing Address			
3475 EAST BAY DR.		3475 EAST BAY DR.			
P. O. BOX 14	· ·	P. O. BOX 1475			
LARGO FL 33	611 /	LARGO FL 33611 :		3. Date Incorporated or Qualified	3a. Date of Last Report
				06/28/1968	04/26/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 6360	6360 PRESIDENTIAL CT. 26 6360 PRESI		DENTIAL CT.	E0_104100C	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		\$8.75 Additional
		27 4-B		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	MYERS, FL	28 FT. MYERS,	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24 33919		1 2 2 3 3 3	30 LEE		Yes No
	9. Name and Address of Current	10. Name and Address of New Re	gistered Agent		
DADDOCK DUSCELL BETTE K. POTTS					
FADDOCK, NUSSELL 82 Street Address				ress (P.O. Box Number is Not Acceptable)
3475 EAST BAY DRIVE 636				<u>360 PRESIDENTIAL C</u>	Т.
LARGO FL 34641 83					
			84 City	- B	85 Zip Code
			1 - 1 - 19	n wede	
11. Pursuant t	to the provisions of Sections 617.0502 a	nd 617.1508, Florida Statutes,	the above-named corpo	ration submits this statement for the purp	ose of changing its registered office
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits his 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	Bette & Past	BETTE F	K. POTTS, S	ECRETARY/TREASURE	R 3/2/96
O'GRETTORE .	Signature, typed or printed name of registered agent a		Registered Agent signature require	ed when reinstating)	DATE DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	EHS AND DIRECTORS IN 12
TITLE	PD	□ DEFELE .	1.1 TITLE		Change Addition
NAME	MCCALL, JOHN		1.2 NAME		
STREET ADDRESS	3321 CATTLEMAN ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CiTY-ST-ZiP		
TITLE	TD	DELETE	2.1 TITLE	PD#c fi	Change Addition
NAME	POTTS, BETTE		22 NAME E	PD/SB BETTE K. POTTS	ļ
STREET ADDRESS	6237 PRESIDENTIAL COURT #	126		3360 PRESIDENTIAL	СТ. 4-В
CITY-ST-ZIP	FT MYERS FL			FT. MYERS, FL 3391	
TITLE	SD	DELETE		//D	Change Addition
NAME	GRIMLEY, GAIL			GAIL GRIMLEY	ļ
S TREET ADDRESS	1047 EAST AVE N			210 LOCKWOOD RIDG	E RD.
CITY-ST-ZIP	SARASOTA FL			SARASOTA, FL 34243	
TITLE	TD	∑ DELETE	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		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CiTY-ST-ZiP			5.4 CITY - ST - ZIP		
TITLE		DELETE	61 TIFLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	•	•	1		
UH 1 - 51 - ZIP			6.4 City - St - 7(P		