

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 714938 (8)

1. Corporation Name

SANTA ROSA BOARD OF REALTORS INC



Principal Place of Business

**5373 STEWART ST.
PO BOX 803
MILTON FL 32570**

Mailing Address

**5373 STEWART ST.
PO BOX 803
MILTON FL 32570**

3. Date Incorporated or Qualified
07/12/1968

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERTS, JEFF
5341 STEWART ST.
MILTON FL 32570**

81 Name

JOANNE BRYAN

82 Street Address (P.O. Box Number is Not Acceptable)

5880 TWIN OAKES DR

83

84 City

PACE

FL

85 Zip Code
32571

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 617.0503, Florida Statutes.

SIGNATURE

Joanne Bryan
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☒ DELETE

NAME

ROBERTS, JEFF

STREET ADDRESS

5341 STEWART ST.

CITY-ST-ZIP

MILTON FL 32570

TITLE

D

☒ DELETE

NAME

BRAND, KAREN

STREET ADDRESS

6408 HWY 90 STE. #4

CITY-ST-ZIP

MILTON FL 32570

TITLE

D

☐ DELETE

NAME

PADGETT, MARY

STREET ADDRESS

5535 STEWART ST

CITY-ST-ZIP

MILTON FL 32570

TITLE

T

☒ DELETE

NAME

BELANDER, VICKI

STREET ADDRESS

5046 JEFFERY RD.

CITY-ST-ZIP

MILTON FL 32570

TITLE

D

☐ DELETE

NAME

WALLACE, BILL

STREET ADDRESS

360 N.W. DOGWOOD DR.

CITY-ST-ZIP

MILTON FL 32571

TITLE

S

☐ DELETE

NAME

SEGRAVES, JOEL

STREET ADDRESS

5812 TWIN OAKES DR.

CITY-ST-ZIP

PACE FL 32571

11 TITLE

P

☐ Change

☒ Addition

12 NAME

JOANNE BRYAN

13 STREET ADDRESS

5880 TWIN OAKES DR.

14 CITY-ST-ZIP

PACE, FL 3571

☐ Change

☒ Addition

21 TITLE

D

☐ Change

☒ Addition

22 NAME

PHIL JONES

23 STREET ADDRESS

P.O. BOX 426 N/A

24 CITY-ST-ZIP

MILTON, FL 32572

☐ Change

☐ Addition

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change

☒ Addition

41 TITLE

T

☐ Change

☒ Addition

42 NAME

ANGEL WEIR

43 STREET ADDRESS

P.O. BOX 261 N/A

44 CITY-ST-ZIP

MILTON, FL 32572

☐ Change

☐ Addition

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

400001767414

☐ Change

☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

*****\$1.25**

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:

ANGEL WEIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

Date

904-623-5309

Daytime Phone #

SG 21-2-96

CR2E037 (12/95)