


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>714938</b> (8) 1. Corporation Name <b>SANTA ROSA BOARD OF REALTORS INC</b>			
Principal Place of Business <b>5373 STEWART ST. PO BOX 803 MILTON FL 32570</b>		Mailing Address <b>5373 STEWART ST. PO BOX 803 MILTON FL 32570-4733</b>	
2. Principal Place of Business 21 <b>5373 STEWART ST.</b> Suite, Apt. #, etc. 22 City & State 23 <b>MILTON, FL 32570</b> Zip Country 24		2a. Mailing Address 26 <b>P.O. BOX 803</b> Suite, Apt. #, etc. 27 City & State 28 <b>MILTON, FL 32572</b> Zip Country 29 30 <b>SANTA ROSA</b>	
3. Date Incorporated or Qualified <b>07/12/1968</b>		3a. Date of Last Report <b>04/02/1996</b>	
4. FEI Number <b>59-1836651</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent  <del>BRYAN, JOANNE</del> LISA WEEKS <del>5880 TWIN OAKES DR</del> PACE FL 32571		10. Name and Address of New Registered Agent 81 Name <b>LISA WEEKS</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3929 HWY 90</b> 83 <b>PACE, FL</b> 84 City <b>FL</b> 85 Zip Code <b>32571</b>	
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE:			
12. OFFICERS AND DIRECTORS			
TITLE	<b>R DIRECTOR</b> <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<b>BRYAN, JOANNE</b>	1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>5880 TWIN OAKES DR</b>	1.2 NAME	<b>LISA B. WEEKS</b>
CITY-ST-ZIP	<b>PACE FL 32571</b>	1.3 STREET ADDRESS	<b>3929 HWY. 90</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<b>PACE, FL 32571</b>
NAME	<b>JONES, PHIL</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>P.O. BOX 426 N/A</b>	2.2 NAME	
CITY-ST-ZIP	<b>MILTON FL 32572</b>	2.3 STREET ADDRESS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME	<b>PADGETT, MARY</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>5535 STEWART ST</b>	3.2 NAME	
CITY-ST-ZIP	<b>MILTON FL 32570</b>	3.3 STREET ADDRESS	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME	<b>WEIR, ANGEL</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>P.O. BOX 261 N/A</b>	4.2 NAME	<b>JUANITA M. SCHEFFNER</b>
CITY-ST-ZIP	<b>MILTON FL 32572</b>	4.3 STREET ADDRESS	<b>5748 RIVIERA DR.</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<b>MILTON, FL 32583</b>
NAME	<b>WALLACE, BILL</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>380 N.W. DOGWOOD DR.</b>	5.2 NAME	
CITY-ST-ZIP	<b>MILTON FL 32571</b>	5.3 STREET ADDRESS	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME	<b>SEGRAVES, JOEL</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>5812 TWIN OAKES DR.</b>	6.2 NAME	
CITY-ST-ZIP	<b>PACE FL 32571</b>	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)

Date

Daytime Phone # 0074460