

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 # 732965 (9)

1. Corporation Name

LEESBURG BOARD OF REALTORS, INC. NC 513096  
MID-STATE ASSOCIATION of REALTORS, INC.



Principal Place of Business

Mailing Address

217 NORTH 2ND STREET  
LEESBURG FL 34748

217 NORTH 2ND STREET  
LEESBURG FL 34748

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/06/1975

3a. Date of Last Report

05/23/1995

4. FEI Number

59-1649787

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

CYRUS, ROBERT R.  
214-A NORTH 3RD ST.  
LEESBURG, FLORIDA  
34748

81 Name

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

83

84 City

000001876130

-06/26/96--01053-03395

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME GRIZZARD, TOM  
STREET ADDRESS 1330 CITIZENS BLVD SUITE 301  
CITY-ST-ZIP LEESBURG, FL. 00000

TITLE V ☒ DELETE  
NAME GATLIN, ERV  
STREET ADDRESS 1301 N 14TH ST  
CITY-ST-ZIP LEESBURG FL

TITLE D ☐ DELETE  
NAME KILEY, JOHN F  
STREET ADDRESS 980 BICHARA BLVD  
CITY-ST-ZIP LADY LAKE FL

TITLE PE ☐ DELETE  
NAME FISHER, NEIL J SR  
STREET ADDRESS 8907 S HWY 441 SUITE 1  
CITY-ST-ZIP LEESBURG FL

TITLE D ☐ DELETE  
NAME JUSTISON, FRANCES L  
STREET ADDRESS 1330 CITIZENS BLVD SUITE 301  
CITY-ST-ZIP LEESBURG FL

TITLE D ☒ DELETE  
NAME WATKINS, SAMUEL G  
STREET ADDRESS 205 W NORTH BLVD  
CITY-ST-ZIP FRUITLAND PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME NEIL FISHER  
1.3 STREET ADDRESS 8907 S HWY 441, STE 1  
1.4 CITY-ST-ZIP LEESBURG FL 34748

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition  
2.2 NAME SONI PILKINGTON  
2.3 STREET ADDRESS 1000 US HWY 27/441  
2.4 CITY-ST-ZIP FRUITLAND PARK FL 34731

3.1 TITLE DIRECTOR ☒ Change ☐ Addition  
3.2 NAME HUNT PAULLING  
3.3 STREET ADDRESS 305 W. NORTH BLVD.  
3.4 CITY-ST-ZIP LEESBURG FL 34748

4.1 TITLE PRESIDENT ELECT ☒ Change ☐ Addition  
4.2 NAME JOHN F. KILEY  
4.3 STREET ADDRESS 980 BICHARA BLVD  
4.4 CITY-ST-ZIP LADY LAKE FL 34731

5.1 TITLE DIRECTOR ☒ Change ☐ Addition  
5.2 NAME TERRY HICKS  
5.3 STREET ADDRESS 1330 CITIZENS BLVD #301  
5.4 CITY-ST-ZIP LEESBURG FL 34748

6.1 TITLE DIRECTOR ☒ Change ☐ Addition  
6.2 NAME FRANCES JUSTISON  
6.3 STREET ADDRESS 1330 CITIZENS BLVD, STE 301  
6.4 CITY-ST-ZIP LEESBURG FL 34748

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-96

Date

787-3312

Daytime Phone

05 513096

CR2E037 (12/95)