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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 740898 (2)

1. Corporation Name
OSCEOLA COUNTY ASSOCIATION OF REALTORS, INC.



Principal Place of Business: 1105 SHADY LANE, KISSIMMEE FL 34744 US
Mailing Address: P.O. BOX 340517, PO BOX 450517, KISSIMMEE FL 34745-0517 US

3. Date Incorporated or Qualified: 11/23/1977
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-1806180
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CUMBIE, FRED H., II, 4305 NEPTUNE ROAD, ST. CLOUD FL 32769
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: KRAUS, KATHERINE STREET ADDRESS: 521 W. VINE STREET CITY-ST-ZIP: KISSIMMEE FL 34741	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P 1.2 NAME: KRAUS, HAROLD 1.3 STREET ADDRESS: 521 W. VINE STREET 1.4 CITY-ST-ZIP: KISSIMMEE FL 34741
TITLE: PED	NAME: KRAUS, HAROLD STREET ADDRESS: 521 W. VINE STREET CITY-ST-ZIP: KISSIMMEE FL 34741	<input type="checkbox"/> DELETE	2.1 TITLE: PED 2.2 NAME: NICHOLS, WILLIAM C 2.3 STREET ADDRESS: 931 W OAK ST, STE 100 2.4 CITY-ST-ZIP: KISSIMMEE FL 34741
TITLE: VD	NAME: NICHOLS, WILLIAM C STREET ADDRESS: 931 W. OAK STREET STE. 100 CITY-ST-ZIP: KISSIMMEE FL 34741	<input type="checkbox"/> DELETE	3.1 TITLE: VD 3.2 NAME: DIERICKX, KAREN 3.3 STREET ADDRESS: 3335 13th STREET 3.4 CITY-ST-ZIP: ST. CLOUD FL 34769
TITLE: SD	NAME: MCGALLIARD, PATSY STREET ADDRESS: P.O. BOX 420669 NA CITY-ST-ZIP: KISSIMMEE FL 34742-0669	<input type="checkbox"/> DELETE	4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-ST-ZIP: _____
TITLE: TD	NAME: IAQUINTO, FRANK STREET ADDRESS: 923 BERMUDA AVE. CITY-ST-ZIP: KISSIMMEE FL 34741	<input type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 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: *Wilson C. Davis* January 18, 1996 407-846-2787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)