


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90020 027 ****61.25

DOCUMENT # 743325 1. Entity Name CHIPOLA AREA BOARD OF REALTORS, INC.					
Principal Place of Business 2912 GREEN ST STE B P.O. BOX 238 MARIANNA, FL 32446			Mailing Address P.O. BOX 238 MARIANNA, FL 32447		
2. Principal Place of Business - No P.O. Box # 4277 Lafayette St.		3. Mailing Address Suite, Apt. #, etc.			
City & State Marianna, FL		City & State		4. FEI Number 59-2147602	
Zip 32446		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, CINDY 930 MAIN ST CHIPLEY, FL 32428				7. Name and Address of New Registered Agent Name Virginia C. Stuart Street Address (R.O. Box Number is Not Acceptable) 2929 Russ St. City Marianna FL Zip Code 32446	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Virginia C. Stuart</i></u> 2/21/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILTON, KATHY S 4325B LAFAYETTE ST MARIANNA, FL 32446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Daniels, Angela R. 2805 Race Ln. Marianna, FL 32448
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith, Debbie R. 5371 Prairieview Rd Greenwood, FL 32443	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, CINDY 930 MAIN ST MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTS, JAMES M JR 4207 LAFAYETTE STREET MARIANNA, FL 32446	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAPP, TIMOTHY G 4261 W LAFAYETTE MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHADWELL, ELAINE 935 MAIN ST CHIPLEY, FL 32428	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Virginia C. Stuart</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-22-07</u> 853/482-4444 <small>Daytime Phone #</small>		