

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 # **756057** (6)

1. Corporation Name

NORTH OKALOOSA ASSOCIATION OF REALTORS, INC.



Principal Place of Business

**470 N. MAIN ST.
P O BOX 1457
CRESTVIEW FL 32536**

Mailing Address

**470 N. MAIN ST.
P O BOX 1457
CRESTVIEW FL 32536**

3. Date Incorporated or Qualified
01/27/1981

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2171918

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

22

27

23

28

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWMAN, KATHLEEN
470 NORTH MAIN STREET
CRESTVIEW FL 32536**

81

Name

House, Jake D.

82

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

470 North Main Street

83

84

City

Crestview

FL

85

Zip Code

32536

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 Jake D. House **Jake D. House, President** **01-22-96**
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	S	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, MARILYN	
STREET ADDRESS	470 NORTH MAIN STREET	
CITY - ST - ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUNDRICK, BRENDA	
STREET ADDRESS	470 NORTH MAIN STREET	
CITY - ST - ZIP	CRESTVIEW FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	UNDERWOOD, SANDRA	
STREET ADDRESS	470 N. MAIN ST.	
CITY - ST - ZIP	CRESTVIEW, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KOLB, KENNETH	
STREET ADDRESS	470 NORTH MAIN STREET	
CITY - ST - ZIP	CRESTVIEW FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AHRNDT, CHUCK	
STREET ADDRESS	470 NORTH MAIN STREET9	
CITY - ST - ZIP	CRESTVIEW FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BOWMAN, KATHLEEN	
STREET ADDRESS	470 NORTH MAIN STREET	
CITY - ST - ZIP	CRESTVIEW FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Russell, Irene C	
1.3 STREET ADDRESS	470 North Main Street	
1.4 CITY - ST - ZIP	Crestview FL 32536	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lambert, Pauline A.R.	
3.3 STREET ADDRESS	470 N Main Street	
3.4 CITY - ST - ZIP	Crestview FL 32536	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Winfield, Brian P	
4.3 STREET ADDRESS	470 N Main Street	
4.4 CITY - ST - ZIP	Crestview FL 32536	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Myler, Carolyn	
5.3 STREET ADDRESS	470 N Main Street	
5.4 CITY - ST - ZIP	Crestview FL 32536	
6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	House, Jake D	
6.3 STREET ADDRESS	470 N Main Street	
6.4 CITY - ST - ZIP	Crestview FL 32536	

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: Jake D. House **Jake D House, President** **904-682-8309**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)