

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32536-7457

3. Date Incorporated or Qualified

01/27/1981

3a. Date of Last Report

02/02/1996

4. FEI Number

59-2171918

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOUSE, JAKE D
470 N MAIN ST
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name

Sanders, Elmer V.

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 Diane Tillman, Secretary

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

1-22-97

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | RUSSELL, IRENE C | |
| STREET ADDRESS | 470 NORTH MAIN ST | |
| CITY-ST-ZIP | CRESTVIEW FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BUNDRICK, BRENDA | |
| STREET ADDRESS | 470 NORTH MAIN STREET | |
| CITY-ST-ZIP | CRESTVIEW FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LAMBERT, PAULINE A | |
| STREET ADDRESS | 470 N. MAIN ST. | |
| CITY-ST-ZIP | CRESTVIEW FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | WINFIELD, BRIAN P | |
| STREET ADDRESS | 470 NORTH MAIN STREET | |
| CITY-ST-ZIP | CRESTVIEW FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MYLER, CAROLYN | |
| STREET ADDRESS | 470 NORTH MAIN STREET | |
| CITY-ST-ZIP | CRESTVIEW FL | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | HOUSE, JAKE D | |
| 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 | Tillman, Diane | |
| 1.3 STREET ADDRESS | 470 North Main Street | |
| 1.4 CITY-ST-ZIP | Crestview FL 32536 | |
| 2.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Walker, Sherri | |
| 2.3 STREET ADDRESS | 470 North Main Street | |
| 2.4 CITY-ST-ZIP | Crestview FL 32536 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Chancey, Faye S. | |
| 4.3 STREET ADDRESS | 470 North Main Street | |
| 4.4 CITY-ST-ZIP | Crestview FL 32536 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Sanders, Elmer V. | |
| 6.3 STREET ADDRESS | 470 North Main Street | |
| 6.4 CITY-ST-ZIP | Crestview FL 32536 | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Diane Tillman, Secretary 1-22-97

904-682-7041

CR2E037 (9/96)