

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756057** (6)  
1. Corporation Name  
**NORTH OKALOOSA ASSOCIATION OF REALTORS, INC.**

Principal Place of Business <b>470 N. MAIN ST. P O BOX 1457 CRESTVIEW FL 32536</b>	Mailing Address <b>470 N. MAIN ST. P O BOX 1457 CRESTVIEW FL 32536</b>
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3. Date Incorporated or Qualified  
**01/27/1981**  
4. FEI Number  
**59-2171918**  
Applied For  
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**SANDERS, ELMER V.  
470 N MAIN ST  
CRESTVIEW FL 32536**

10. Name and Address of New Registered Agent  
81 Name **Timothy E. Hatcher**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**470 N Main St**  
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 *Timothy E. Hatcher* **Timothy E. Hatcher** **3-18-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TILLMAN, DIANE 470 NORTH MAIN ST CRESTVIEW FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WALKER, SHERRI 470 NORTH MAIN STREET CRESTVIEW FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAMBERT, PAULINE A 470 N. MAIN ST. CRESTVIEW FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CHANCEY, FAYE S. 470 NORTH MAIN STREET CRESTVIEW FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MYLER, CAROLYN 470 NORTH MAIN STREETS9 CRESTVIEW FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SANDERS, ELMER V. 470 NORTH MAIN STREET CRESTVIEW FL</b> <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>S Brooks, Betty 470 N Main Street Crestview FL 32536</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>PE Walker, Sherri 470 N Main Street Crestview FL 32536</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D Wilkinson, Chad 470 N Main Street Crestview FL 32536</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>P Clinton, Angie 470 N Main Street Crestview FL 32536</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D Kolb, Kenneth 470 N Main Street Crestview FL 32536</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>P Hatcher, Timothy E 470 N Main Street Crestview FL 32536</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 *Betty Brooks* **Betty Brooks** **3-18-98** **850-682-7041**

CR2E037 (10/97)