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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756057

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/27/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2171918	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

~~TIMOTHY E HATCHER~~
~~470 N MAIN ST~~
~~CRESTVIEW FL 32536~~

10. Name and Address of New Registered Agent

81 Name Sandra Underwood
82 Street Address (P.O. Box Number is Not Acceptable) 6100 West Dogwood Drive
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 Sandra Underwood 1-20-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, BETTY	1.2 NAME	
STREET ADDRESS	470 NORTH MAIN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536	1.4 CITY-ST-ZIP	
TITLE	PE <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, SHERRI	2.2 NAME	Frank Brooks
STREET ADDRESS	470 NORTH MAIN STREET	2.3 STREET ADDRESS	470 North Main Street
CITY-ST-ZIP	CRESTVIEW FL 32536	2.4 CITY-ST-ZIP	Crestview FL 32536
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, CHAD	3.2 NAME	
STREET ADDRESS	470 N. MAIN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLINTON, ANGIE	4.2 NAME	Janet Byrd
STREET ADDRESS	470 NORTH MAIN STREET	4.3 STREET ADDRESS	470 N Main Street
CITY-ST-ZIP	CRESTVIEW FL 32536	4.4 CITY-ST-ZIP	Crestview FL 32536
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLB, KENNETH	5.2 NAME	
STREET ADDRESS	470 N MAIN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536	5.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATCHER, TIMOTHY E	6.2 NAME	Sandra Underwood
STREET ADDRESS	470 NORTH MAIN STREET	6.3 STREET ADDRESS	470 N Main Street
CITY-ST-ZIP	CRESTVIEW FL 32536	6.4 CITY-ST-ZIP	Crestview FL 32536

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, with all other like empowered.

SIGNATURE: Sandra Underwood 1-20-99 850-682-7041
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)