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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04678 (1)

1. Corporation Name

FLORIDA CHAPTER NATIONAL ASSOCIATION OF MASTER A
PPRAISERS, INC.

Principal Place of Business

Mailing Address

723 JULIA STREET
PALATKA FL 32177
US723 JULIA STREET
PALATKA FL 32177-5435
US3. Date Incorporated or Qualified
08/14/19843a. Date of Last Report
02/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 603 W. Pleasant St.

27 603 W. Pleasant St.

City & State

City & State

23 Avon Park, Florida

28 Avon Park, Florida

Zip

Country

Zip

Country

24 33825

25 US

29 33825

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOUG CUTTS REALTY
723 JULIA STREET
PALATKA FL 32177

81 Name Marvin D. Abston

82 Street Address (P.O. Box Number is Not Acceptable)
603 W. Pleasant St.

83

84 City Avon Park

FL

85 Zip Code 33825

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CUTTS, DOUG
STREET ADDRESS 723 JULIA STREET
CITY-ST-ZIP PALATKA FL☒ DELETE1.1 TITLE PD
1.2 NAME Evalyn F. Oreto
1.3 STREET ADDRESS 15405 Coyote Road
1.4 CITY-ST-ZIP Hudson, Florida 34669☐ Change ☐ AdditionTITLE TD
NAME ABSTON, MARVIN
STREET ADDRESS 603 WEST PLEASANT STREET
CITY-ST-ZIP AVON PARK FL☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ AdditionNAME ORETO, EVALYN
STREET ADDRESS 9108 US HWY 19 NORTH, 1ST FLOOR
CITY-ST-ZIP PORT RICHEY FL☒ DELETE3.1 TITLE VP
3.2 NAME Kristeen Hilkert
3.3 STREET ADDRESS 13839 US 98 By-Pass South
3.4 CITY-ST-ZIP Dade City, Florida 33525☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE4.1 TITLE SD
4.2 NAME Vera Ramos
4.3 STREET ADDRESS 4369 W. 11 Lane
4.4 CITY-ST-ZIP Hialeah, Florida 33012☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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: Marvin D. Abston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/97 (941) 453-2693

8003627

CR2E037 (9/96)