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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04678 (1)

1. Corporation Name

FLORIDA CHAPTER NATIONAL ASSOCIATION OF MASTER APPRAISERS, INC.

Principal Place of Business

Mailing Address

723 JULIA STREET
603 W PLEASANT ST
AVON PARK FL 33825
US

723 JULIA STREET
603 W PLEASANT ST
AVON PARK FL 33825
US

2. Principal Place of Business

2a. Mailing Address

21 15717 BERTRAM DR

26 15717 BERTRAM DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 HUDSON FL

28 HUDSON FL

24 Zip

25 Country

29 Zip

30 Country

34667

USA

34667

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARVIN D ABSTON
603 W PLEASANT ST
AVON PARK FL 33825

81 Name RALPH M. SHANNON

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

15717 BERTRAM DR

83

84 City HUDSON

FL

85 Zip Code 34667

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)

6/18/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

PD
NAME EVALYN F ORETO
STREET ADDRESS 15405 COYOTE RD
CITY-ST-ZIP HUDSON FL

TITLE ☒ DELETE

TD
NAME ABSTON, MARVIN
STREET ADDRESS 603 WEST PLEASANT STREET
CITY-ST-ZIP AVON PARK FL

TITLE ☒ DELETE

VP
NAME KRISTEEN HILKERT
STREET ADDRESS 13839 US 98 BY-PASS SOUTH
CITY-ST-ZIP DADE CITY FL

TITLE ☐ DELETE

SD
NAME VERA RAMOS
STREET ADDRESS 4369 W 11TH LANE
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

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☐ Change ☐ 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:

RALPH M. SHANNON

6/18/98

813-863-9555

CR2E037 (10/97)