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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N22230 (9)
1. Corporation Name
FORT LAUDERDALE AREA REALTORS CHARITABLE FOUNDATION, INC.



Principal Place of Business Mailing Address
C/O DANIEL H LINDBLADE CAE 1765 N.E. 26TH STREET FORT LAUDERDALE FL 33305 US
C/O DANIEL H LINDBLADE CAE 1765 N.E. 26TH STREET FORT LAUDERDALE FL 33305-1438 US

3. Date Incorporated or Qualified 06/17/1987
3a. Date of Last Report 04/16/1996
4. FEI Number 65-0003512 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
LINDBLADE, DANIEL H CAE
1765 NE 26TH ST
FT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: *Daniel H. Lindblade* DANIEL H. LINDBLADE EVP 2-19-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CLAUDETTE BRUCK	
STREET ADDRESS	6610 N UNIV DR, STE 200	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES NALL	
STREET ADDRESS	716 NE 25 WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ANDERSON, MYRTLE T	
STREET ADDRESS	1635 S MIAMI RD #1	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JOSEPH R MILLSAPS	
STREET ADDRESS	871 E COMMERCIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D JAMES M. BALISTRERI
5.3 STREET ADDRESS	1350 N FEDERAL HWY
5.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33062
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Claudette Bruck* CLAUDETTE BRUCK 2-19-97 (954) 341-0620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone # 0035683

CR2E037 (9/96)