

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N22762** (1)

1. Corporation Name

FLORIDA ASSOCIATION OF LICENSED RECOVERY AGENTS, INC.

Principal Place of Business

Mailing Address

**433-75TH AVE.
ST. PETE BEACH FL 33706**

**P.O. BOX 66572
ST. PETE BEACH FL 33736-6572**



3. Date Incorporated or Qualified **09/30/1987** 3a. Date of Last Report **03/04/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2994561** Applied For Not Applicable

21 **1330 Bowman Street** 26 **PO Box 121454** 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 City & State **Clermont, FL** 28 City & State **Clermont, FL** 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 Zip **34711** 25 Country **USA** 29 Zip **34712-1454** 30 Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KILPATRICK, KELLEY
433-75TH AVE.
ST. PETE BEACH FL 33706**

81 Name **Kelley Kilpatrick**
82 Street Address (P.O. Box Number is Not Acceptable) **1330 Bowman St.**
83
84 City **Clermont** FL 85 Zip Code **34711**

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 *Kelley Kilpatrick*

4/2/97

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

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---------------------------|
| TITLE | PD | 1.1 TITLE | 3rd Vice President |
| NAME | KILPATRICK, JOHN W | 1.2 NAME | Walter Gault |
| STREET ADDRESS | 5120 GEORGE RD | 1.3 STREET ADDRESS | 1371 W. Landstreet Rd |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | Orlando, FL 32824 |
| TITLE | 1VD | 2.1 TITLE | 2nd Vice President |
| NAME | MCCOY, SANDRA "GAYLA" | 2.2 NAME | Joe Taylor |
| STREET ADDRESS | 2649 ELECTRONICS WAY | 2.3 STREET ADDRESS | 2126 NW 3rd Avenue |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 | 2.4 CITY-ST-ZIP | Ocala, FL |
| TITLE | 2V | 3.1 TITLE | Secretary |
| NAME | BLANTON, MARVIN W | 3.2 NAME | Debbie Lacey |
| STREET ADDRESS | 919 EAST ROSE STREET | 3.3 STREET ADDRESS | 1744 W SR 50 |
| CITY-ST-ZIP | LAKELAND FL 33802 | 3.4 CITY-ST-ZIP | Winter Garden, FL 34787 |
| TITLE | 3V | 4.1 TITLE | 1st Vice President |
| NAME | LACEK, MARK | 4.2 NAME | Mark Lacey |
| STREET ADDRESS | PO BOX 7 | 4.3 STREET ADDRESS | 1744 W SR 50 |
| CITY-ST-ZIP | KILLARNEY FL | 4.4 CITY-ST-ZIP | Winter Garden, FL 34787 |
| TITLE | ST | 5.1 TITLE | Treasurer |
| NAME | CAVE, DREW H | 5.2 NAME | Drew Cave |
| STREET ADDRESS | 5011 RECKER HWY | 5.3 STREET ADDRESS | 5011 Recker Hwy |
| CITY-ST-ZIP | WINTER HAVEN FL | 5.4 CITY-ST-ZIP | Winter Haven, FL 33880 |
| TITLE | ED | 6.1 TITLE | EX DIRECTOR |
| NAME | MCCOY, GLEN | 6.2 NAME | Mc Coy, Glen |
| STREET ADDRESS | 995 EDWARDS RD | 6.3 STREET ADDRESS | 2649 Electronics Way |
| CITY-ST-ZIP | FT. PIERCE FL | 6.4 CITY-ST-ZIP | West Palm Beach, FL 33407 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(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: *Kelley Kilpatrick* **KELLEY KILPATRICK** 4/2/97 352/394-5441

CR2E037 (9/96)