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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1330 BOWMAN STREET CLERMONT FL 34711 US	Mailing Address P.O. BOX 121454 CLERMONT FL 34712-1454
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3. Date Incorporated or Qualified 09/30/1987		
4. FEI Number 59-2994561	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 13718 E. Hwy 50	2a. Mailing Address 26 PO BOX 121454
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Clermont, FL	City & State 28 Clermont, FL
Zip 24 34711	Country 25 USA
Zip 29 34712-1454	Country 30 USA

9. Name and Address of Current Registered Agent
KILPATRICK, KELLEY
1330 BOWMAN STREET
CLERMONT FL 34711

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
13718 E. Hwy 50
 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 M. Kilpatrick* **KELLEY M. KILPATRICK** **01-27-98**
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 NAME STREET ADDRESS CITY-ST-ZIP	PD KILPATRICK, JOHN W 5120 GEORGE RD TAMPA FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP GAUNTT, WALTER 1377 W LANDSTREET ROAD ORLANDO FL 32824	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP TAYLOR, JOE 2126 NW 3RD AVE OCALA FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP LACEK, MARK 17949 W SR 50 WINTER GARDEN FL 34787	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAVE, DREW 5011 RECKER HWY WINTER HAVEN FL 33880	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, GLEN 2649 ELECTRONICS WAY WEST PALM BEACH FL 33407	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

2nd VP Eby, Marshall 56 Harvard Street Englewood, FL 34295	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Secretary Debbie Lacey 17949 W SR 50 Winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED** **1/26/98** **80099-5688**

CR2E037 (10/97)