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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

Mailing Address

1330 BOWMAN STREET
CLERMONT FL 34711
US

P.O. BOX 121454
CLERMONT FL 34712-1454

2. Principal Place of Business
21 13718 E. Hwy 50
Suite, Apt. #, etc.

2a. Mailing Address
26 PO BOX 121454
Suite, Apt. #, etc.

City & State
23 Clermont, FL

City & State
28 Clermont, FL

Zip
24 34711
Country
25 USA

Zip
29 34712-1454
Country
30 USA

3. Date Incorporated or Qualified

09/30/1987

4. FEI Number

59-2994561

Applied For

Not Applicable

5. Certificate of Status Desired

☒ Yes

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ Yes

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KILPATRICK, KELLEY
1330 BOWMAN STREET
CLERMONT FL 34711

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

KELLEY M. KILPATRICK
(NOTE: Registered Agent signature required when reinstating)

01-27-98
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KILPATRICK, JOHN W
5120 GEORGE RD
TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3VP
GAUNTT, WALTER
1377 W LANDSTREET ROAD
ORLANDO FL 32824

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2VP
TAYLOR, JOE
2126 NW 3RD AVE
OCALA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1VP
LACEK, MARK
17949 W SR 50
WINTER GARDEN FL 34787

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CAVE, DREW
5011 RECKER HWY
WINTER HAVEN FL 33880

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCOY, GLEN
2649 ELECTRONICS WAY
WEST PALM BEACH FL 33407

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2nd VP
Eby, Marshall
56 Harvard Street
Englewood, FL 34295

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Secretary
Debbie Lacek
17949 W SR 50
Winter Garden, FL 34787

☐ Change

☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ 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: *[Signature]* SIGNATURE REQUIRED

1/26/98

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