


FILE NOW: FILING FEE IS \$61.25

FILED

Aug 26 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. Corporation Name

FLORIDA ASSOCIATION OF LICENSED RECOVERY AGENTS, INC.

Principal Place of Business

13718 E. Hwy 50  
CLERMONT, FL 34711

Mailing Address

PO Box 121454  
CLERMONT, FL 34712-1454

3. Date Incorporated or Qualified

9/30/87

4. FEI Number

59-2994561

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

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLEY KILPATRICK  
13718 E. Hwy 50  
CLERMONT, FL 34711

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

Kelley Kilpatrick

KELLEY KILPATRICK

7-29-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TAMPA, FL 33634

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ORLANDO, FL 32824

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

WINTER GARDEN, FL 34781

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

WINTER HAVEN, FL 33880

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ENGLEWOOD, FL 34295

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TAMPA, FL 33634

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

SEBRING, FL 33890

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

WINTER GARDEN, FL 34781

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

FT. LAUDERDALE, FL 33311

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

EXECUTIVE DIRECTOR

JOHN W. KILPATRICK

5120 GEORGE RD.

TAMPA, FL 33634

3rd Vice President

ROBERT PADGETT

2332 CROYDON RD.

SEBRING, FL 33890

PRESIDENT

MARK LACEK

1744 W SR 60

WINTER GARDEN, FL 34781

1st Vice President

GEORGE MARTIN

744 N. ANDREWS AVE

FT. LAUDERDALE, FL 33311

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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:

William M. Gacek, Sec.

7-29-98 352/394-5441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)