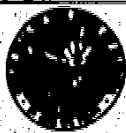


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 AM 9:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N22799 (3)

1. Corporation Name

GADSDEN COUNTY BOARD OF REALTORS, INC.

Principal Place of Business

**37 N. CLEVELAND ST.
QUINCY FL 32351**

Mailing Address

**37 N. CLEVELAND ST.
QUINCY FL 32351**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1987

3a. Date of Last Report

01/27/1994

4. FEI Number

59-3179761

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SHARPTON, JACQUELYN
20 N. GRAVES ST.
QUINCY FL 32351**

10. Name and Address of New Registered Agent

81 Name

JOYCE, MARY DALE

82 Street Address (P.O. Box Number is Not Acceptable)

14130 MERIDIAN ROAD

83

84 City

TALLAHASSEE

FL

85 Zip Code
32312

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Mary Dale Joyce

MARY DALE JOYCE

4-18-95

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHARPTON, JACQUELYN
STREET ADDRESS	RT. 4, BOX 258
CITY-STATE-ZIP	QUINCY FL
TITLE	VD
NAME	JOYCE, MARY DALE
STREET ADDRESS	14130 MERIDIAN RD.
CITY-STATE-ZIP	TALLAHASSEE FL
TITLE	SD
NAME	MCPHERSON, VIRGINIA
STREET ADDRESS	RT. 2, BOX 187-B
CITY-STATE-ZIP	QUINCY FL
TITLE	TD
NAME	TOOLE, GEORGE T
STREET ADDRESS	37 N. CLEVELAND ST.
CITY-STATE-ZIP	QUINCY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	JOYCE, MARY DALE	
1.3 STREET ADDRESS	14130 MERIDIAN ROAD	
1.4 CITY-STATE-ZIP	TALLAHASSEE, FL 32312	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	HUGHES, D. WILLIAM	
2.3 STREET ADDRESS	205 LIVE OAK LANE	
2.4 CITY-STATE-ZIP	HAVANA, FL 32333	
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	WHITTLE, J. K.	
3.3 STREET ADDRESS	37 NORTH CLEVELAND STREET	
3.4 CITY-STATE-ZIP	QUINCY, FL 32351	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Mary Dale Joyce

MARY DALE JOYCE

4-18-95

904-224-2300

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #