

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N22799** (3)

1. Corporation Name

GADSDEN COUNTY BOARD OF REALTORS, INC.

Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/01/1987

3a. Date of Last Report

04/21/1995

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**

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

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Toole, George

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

37 N. Cleveland St

83

84 City

Quincy

FL

85 Zip Code

32351

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

George Toole

(NOTE: Registered Agent signature required when reinstating)

1/18/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOYCE, MARY DALE	
STREET ADDRESS	14130 MERIDIAN RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, WILLIAM D	
STREET ADDRESS	205 LIVE OAK LANE	
CITY-ST-ZIP	HAVANA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WHITTLE, J.K.	
STREET ADDRESS	37 NORTH CLEVELAND ST	
CITY-ST-ZIP	QUINCY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TOOLE, GEORGE T	
STREET ADDRESS	37 N. CLEVELAND ST.	
CITY-ST-ZIP	QUINCY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Toole, George	
1.3 STREET ADDRESS	37 N. Cleveland St.	
1.4 CITY-ST-ZIP	Quincy, FL 32351	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harrell, Patsy J.	
2.3 STREET ADDRESS	105 N. Main	
2.4 CITY-ST-ZIP	Havana, FL 32333	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Patterson, Margarette	
3.3 STREET ADDRESS	Rt 2 Box 245	
3.4 CITY-ST-ZIP	Quincy, FL 32351	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Whittle, J.K.	
4.3 STREET ADDRESS	37 N. Cleveland St	
4.4 CITY-ST-ZIP	Quincy, FL 32351	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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:

George Toole (George Toole) Jan 18, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-875-8470

CR2E037 (12/95)