

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

3. Date Incorporated or Qualified

10/01/1987

4. FEI Number

59-3179761

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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

Cloud, Flake

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

37 North Cleveland Street

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 *Flake Cloud*  
Signature, typed or printed name of registered agent and title if applicable.

Flake Cloud, Pres./Dir.

7/28/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME SHARPTON, JACQUELYN  
STREET ADDRESS 20 N GRAVES ST  
CITY-ST-ZIP QUINCY FL

TITLE VD ☐ DELETE  
NAME FLOURNOY, STEPHEN D  
STREET ADDRESS 100-A N ADAMS ST  
CITY-ST-ZIP QUINCY FL

TITLE SD ☐ DELETE  
NAME PATTERSON, MARGARETTE  
STREET ADDRESS RT 2 BOX 245  
CITY-ST-ZIP QUINCY FL

TITLE TD ☐ DELETE  
NAME WHITTLE, J.K.  
STREET ADDRESS 37 N CLEVELAND STREET  
CITY-ST-ZIP QUINCY FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Cloud, Flake  
1.3 STREET ADDRESS 37 North Cleveland Street  
1.4 CITY-ST-ZIP Quincy, Florida 32351

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

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

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: *J.K. Whittle* J.K. Whittle, Treas./Dir

7/28/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0011582

CR2E037 (5/98)