

FILE NOW: FILING FEE IS \$61.25

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90045 009 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22799

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/01/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3179761
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CLOUD, FLAKE 37 N CLEVELAND ST QUINCY FL 32351		81 Name	WHITTLE, W.O.
		82 Street Address (P.O. Box Number is Not Acceptable)	37 North Cleveland Street
		83	37 North Cleveland Street
		84 City	Quincy Florida 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 W.O. WHITTLE, PD *W.O. Whittle* DATE 4/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUD, FLAKE	1.2 NAME	WHITTLE, W.O.
STREET ADDRESS	37 N CLEVELAND ST	1.3 STREET ADDRESS	37 North Cleveland Street
CITY-ST-ZIP	QUINCY FL 32351	1.4 CITY-ST-ZIP	Quincy, Florida 32351
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOURNOY, STEPHEN D	2.2 NAME	AUMAN, JAMES R.
STREET ADDRESS	100-A N ADAMS ST	2.3 STREET ADDRESS	20 North Graves Street.
CITY-ST-ZIP	QUINCY FL	2.4 CITY-ST-ZIP	Quincy, Florida 32351
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, MARGARETTE	3.2 NAME	TILLER, BECKY N.
STREET ADDRESS	RT 2 BOX 245	3.3 STREET ADDRESS	Route 1, Box 1488
CITY-ST-ZIP	QUINCY FL	3.4 CITY-ST-ZIP	Havana, Florida 32333
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTLE, J.K.	4.2 NAME	
STREET ADDRESS	37 N CLEVELAND STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: J.K. Whittle, PD **SIGNATURE REQUIRED** DATE 4/27/99 850-875-8470
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)