

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 # **N33622** (4)  
1. Corporation Name  
**FLORIDA ASSOCIATION OF INDEPENDENT TITLE AGENTS, INC.**



Principal Place of Business  
**P.O. BOX 290431  
TAMPA FL 33687-0431**

Mailing Address  
**P.O. BOX 290431  
TAMPA FL 33687-0431**

3. Date Incorporated or Qualified  
**08/08/1989**

3a. Date of Last Report  
**04/12/1995**

4. FEI Number  
**59-2967418**

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

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

9. Name and Address of Current Registered Agent

**OLVER, E. DARLENE  
2552 FIRST AVE., N.  
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6703 N Himes**  
83  
84 City  
**Tampa** **FL** 85 Zip Code  
**33614**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLS, RALPH B. III</b>	1.2 NAME	
STREET ADDRESS	<b>6565 TAFT ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOANNE M. GIROUX</b>	2.2 NAME	
STREET ADDRESS	<b>4625 E. BAY DR, STE 308</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLVER, E. DARLENE</b>	3.2 NAME	
STREET ADDRESS	<b>2552 FIRST AVE., N.</b>	3.3 STREET ADDRESS	<b>6510 6703 N. Himes Ave</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	3.4 CITY-ST-ZIP	<b>Tampa FL 33614</b>
TITLE	<b>WD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>President/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WADLEY, BILLY</b>	4.2 NAME	
STREET ADDRESS	<b>2 SOUTH UNIVERSITY DR., STE 231</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAIG, STEVEN L.</b>	5.2 NAME	
STREET ADDRESS	<b>11575 US HWY 1 #209</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N PALM BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENNINGS, JAN</b>	6.2 NAME	
STREET ADDRESS	<b>3579 S MCCALL RD #1</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	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:

**E. Darlene Olover**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6/2/96 813-870-0333**

CR2E037 (12/95)