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FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

P.O. BOX 290431  
TAMPA FL 33687-0431

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TAMPA FL 33687-0431



3. Date Incorporated or Qualified  
08/08/1989

3a. Date of Last Report  
06/06/1996

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLVER, E. DARLENE  
6703 N. HIMES  
TAMPA FL 33614

81 Name

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

83

84 City

FL

85 Zip Code

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 D ☒ DELETE  
NAME MILLS, RALPH B. III  
STREET ADDRESS 6565 TAFT ST  
CITY-ST-ZIP HOLLYWOOD FL

1.1 TITLE VP/D ☐ Change ☒ Addition  
1.2 NAME Tom Stallard  
1.3 STREET ADDRESS 300 W. FEE AVE  
1.4 CITY-ST-ZIP Melbourne FL 32901

TITLE STD ☐ DELETE  
NAME OLVER, E. DARLENE  
STREET ADDRESS 6703 N. HIMES AVENUE  
CITY-ST-ZIP TAMPA FL

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

TITLE PD ☒ DELETE  
NAME WADLEY, BILLY  
STREET ADDRESS 2 SOUTH UNIVERSITY DR., STE 231  
CITY-ST-ZIP PLANTATION FL

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Patricia Matarazzo  
3.3 STREET ADDRESS 477 N. Harbor City Blvd  
3.4 CITY-ST-ZIP Melbourne FL 32935

TITLE D ☒ DELETE  
NAME CRAIG, STEVEN L.  
STREET ADDRESS 11575 US HWY 1 #209  
CITY-ST-ZIP N PALM BCH FL

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME LINDA ROEBELT  
4.3 STREET ADDRESS 24701 US 19 N #102  
4.4 CITY-ST-ZIP Clearwater FL 34623

TITLE D ☐ DELETE  
NAME JENNINGS, JAN  
STREET ADDRESS 3579 S MCCALL RD #1  
CITY-ST-ZIP ENGLEWOOD FL

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: *[Signature]* ENDORSEMENT OLIVER ST/P 4/28/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049391

CR2E037 (9/96)