

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90010 004 ****61.25

DOCUMENT # N33622

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/08/1989

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE
NAME HOLLAND, WAYNE
STREET ADDRESS 1700 66TH STREET N, #203
CITY-ST-ZIP ST PETERSBURG FL 33710

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

TITLE PD ☐ DELETE
NAME MATARAZZO, PATRICIA
STREET ADDRESS 477 NORTH HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL

TITLE D ☐ DELETE
NAME ROEBELT, LINDA
STREET ADDRESS 24701 US 19 #102
CITY-ST-ZIP CLEARWATER FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Additi
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Additi
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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/99
Date

813 628-0612
Daytime Phone #