

# 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 # N93000002273 (1)**

1. Corporation Name

**FLORIDA REAL ESTATE EDUCATORS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**5531 9 STREET NORTH  
ST. PETERSBURG FL 33703**

**5531 9 STREET NORTH  
ST. PETERSBURG FL 33703**

3. Date Incorporated or Qualified  
**05/17/1993**

3a. Date of Last Report  
**04/06/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOGUE, ROBERT L  
5531 9 STREET NORTH  
ST. PETERSBURG FL 33703**

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

T ☐ DELETE

NAME **GRIFFON, ANTHONY**  
STREET ADDRESS **7274 ORKNEY AVE N**  
CITY - ST - ZIP **ST PETERSBURG FL**

1.1 TITLE ☐ Change ☐ Addition

D ☐ DELETE

NAME **LLOYD, DON**  
STREET ADDRESS **11983 N TAMiami TR, #101**  
CITY - ST - ZIP **NAPLES FL**

1.2 NAME

P ☐ DELETE

NAME **JONES, SCOTT**  
STREET ADDRESS **% 5526 LAKE HOWELL RD**  
CITY - ST - ZIP **WINTER PARK FL**

1.3 STREET ADDRESS

S ☐ DELETE

NAME **DUNLAP, ANN**  
STREET ADDRESS **2280 HELEN CIRCLE EAST**  
CITY - ST - ZIP **BARTOW FL**

1.4 CITY - ST - ZIP

D ☒ DELETE

NAME **HAMMONS, LINDA**  
STREET ADDRESS **1601 WEST MARION AVE., SUITE 203**  
CITY - ST - ZIP **PUNTA GORDA FL**

2.1 TITLE ☒ Change ☐ Addition

D ☒ DELETE

NAME **FRYER, RICHARD**  
STREET ADDRESS **% 5310 DIPLOMAT CIR**  
CITY - ST - ZIP **ORLANDO FL**

2.2 NAME

1.1 TITLE ☐ Change ☐ Addition

NAME **JONES, SCOTT**  
STREET ADDRESS **% 5526 LAKE HOWELL RD**  
CITY - ST - ZIP **WINTER PARK FL**

2.3 STREET ADDRESS

1.2 NAME

NAME **LLOYD, DON**  
STREET ADDRESS **3520 NW 29 Ter**  
CITY - ST - ZIP **Gainesville FL**

2.4 CITY - ST - ZIP

1.3 STREET ADDRESS

NAME **RLOPFER, ED**  
STREET ADDRESS **YOGA CATTLEMAN RD**  
CITY - ST - ZIP **SARASOTA FL**

3.1 TITLE ☐ Change ☐ Addition

1.4 CITY - ST - ZIP

NAME **BANNARD, KATHLEEN**  
STREET ADDRESS **23 ANDERSON ST**  
CITY - ST - ZIP **ST AUGUSTINE FL**

3.2 NAME

1.1 TITLE ☐ Change ☐ Addition

NAME **FRYER, RICHARD**  
STREET ADDRESS **% 5310 DIPLOMAT CIR**  
CITY - ST - ZIP **ORLANDO FL**

3.3 STREET ADDRESS

1.2 NAME

NAME **LLOYD, DON**  
STREET ADDRESS **3520 NW 29 Ter**  
CITY - ST - ZIP **Gainesville FL**

3.4 CITY - ST - ZIP

1.3 STREET ADDRESS

NAME **RLOPFER, ED**  
STREET ADDRESS **YOGA CATTLEMAN RD**  
CITY - ST - ZIP **SARASOTA FL**

4.1 TITLE ☐ Change ☐ Addition

1.4 CITY - ST - ZIP

NAME **BANNARD, KATHLEEN**  
STREET ADDRESS **23 ANDERSON ST**  
CITY - ST - ZIP **ST AUGUSTINE FL**

4.2 NAME

1.1 TITLE ☐ Change ☐ Addition

NAME **FRYER, RICHARD**  
STREET ADDRESS **% 5310 DIPLOMAT CIR**  
CITY - ST - ZIP **ORLANDO FL**

4.3 STREET ADDRESS

1.2 NAME

NAME **LLOYD, DON**  
STREET ADDRESS **3520 NW 29 Ter**  
CITY - ST - ZIP **Gainesville FL**

4.4 CITY - ST - ZIP

1.3 STREET ADDRESS

NAME **RLOPFER, ED**  
STREET ADDRESS **YOGA CATTLEMAN RD**  
CITY - ST - ZIP **SARASOTA FL**

5.1 TITLE ☐ Change ☒ Addition

1.4 CITY - ST - ZIP

NAME **BANNARD, KATHLEEN**  
STREET ADDRESS **23 ANDERSON ST**  
CITY - ST - ZIP **ST AUGUSTINE FL**

5.2 NAME

1.1 TITLE ☐ Change ☐ Addition

NAME **FRYER, RICHARD**  
STREET ADDRESS **% 5310 DIPLOMAT CIR**  
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5.3 STREET ADDRESS

1.2 NAME

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5.4 CITY - ST - ZIP

1.3 STREET ADDRESS

NAME **RLOPFER, ED**  
STREET ADDRESS **YOGA CATTLEMAN RD**  
CITY - ST - ZIP **SARASOTA FL**

6.1 TITLE ☐ Change ☒ Addition

1.4 CITY - ST - ZIP

NAME **BANNARD, KATHLEEN**  
STREET ADDRESS **23 ANDERSON ST**  
CITY - ST - ZIP **ST AUGUSTINE FL**

6.2 NAME

1.1 TITLE ☐ Change ☐ Addition

NAME **FRYER, RICHARD**  
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1.3 STREET ADDRESS

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STREET ADDRESS **YOGA CATTLEMAN RD**  
CITY - ST - ZIP **SARASOTA FL**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)