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Feb 28 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 # N94000000227 (8)

1. Corporation Name

THE FLORIDA GULF COAST COMMERCIAL ASSOCIATION OF REALTORS, INC.

Principal Place of Business

Mailing Address

**1330 CLEVELAND ST
CLEARWATER FL 34615**

**1330 CLEVELAND ST
CLEARWATER FL 34615-5103**



3. Date Incorporated or Qualified
01/07/1994

3a. Date of Last Report
02/06/1996

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

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4. FEI Number
59-3222190

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELCHER, CARLA W
1330 CLEVELAND STREET
CLEARWATER FL 34615**

81 Name **NANNETTE M. PIKLOR**
82 Street Address (P.O. Box Number is Not Acceptable)
FL GULFCOAST COMM. ASSOC. OF REALTORS, INC.
83 **1330 Cleveland Street**
84 City **Clearwater** **FL** 85 Zip Code **34615**

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

Nannette M. Piklor
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 **MASSINGILL, LARRY**
STREET ADDRESS **3030 NORTH ROCKY POINT DRIVE WEST**
CITY - ST - ZIP **TAMPA FL**

1.1 TITLE **S** ☐ Change ☒ Addition
1.2 NAME **Clifton, Charles M.**
1.3 STREET ADDRESS **140 South Westshore Blvd.**
1.4 CITY - ST - ZIP **Tampa, FL 33609**

TITLE ☒ P ☐ DELETE
NAME **STRICKLAND, ROBERT K**
STREET ADDRESS **13017 PARK BLVD**
CITY - ST - ZIP **SEMINOLE FL**

2.1 TITLE **T** ☐ Change ☒ Addition
2.2 NAME **Jacob, James C.**
2.3 STREET ADDRESS **P. O. Box 14400** *N/A*
2.4 CITY - ST - ZIP **Tampa, FL 33690**

TITLE ☒ S ☐ DELETE
NAME **FIELDS, MICHAEL W**
STREET ADDRESS **1211 NORTH WESTSHORE BLVD, # 102**
CITY - ST - ZIP **TAMPA FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Piklor, Nannette M.**
3.3 STREET ADDRESS **1330 Cleveland St.**
3.4 CITY - ST - ZIP **Clearwater, FL 34615**

TITLE ☒ V ☐ DELETE
NAME **LOVE, M J**
STREET ADDRESS **2697 SUNSET POINT ROAD**
CITY - ST - ZIP **CLEARWATER FL**

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

TITLE ☒ D ☐ DELETE
NAME **BELCHER, CARLA W**
STREET ADDRESS **1330 CLEVELAND STREET**
CITY - ST - ZIP **CLEARWATER FL**

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

TITLE ☒ D ☐ DELETE
NAME **ZEGOTA, ROBERT T**
STREET ADDRESS **442 W KENNEDY BLVD SUITE 200**
CITY - ST - ZIP **TAMPA FL 33605**

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

Date

Daytime Phone # **941-555-1111**

CR2E037 (9/96)