


FILE NOW: FILING FEE IS \$61.25

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Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701167** (9)  
1. Corporation Name  
**FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.**

Principal Place of Business <del>1374 PAUL RUSSELL RD</del> <i>del</i> 1282-84 PAUL RUSSELL RD TALLAHASSEE FL 32301 US	Mailing Address PO BOX 6477 TALLAHASSEE FL 32314-6477
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>07/07/1960</b>	
4. FEI Number <b>23-7306295</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**LORENE BRIDGES  
1282 PAUL RUSSELL ROAD  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PPD <input type="checkbox"/> DELETE
NAME	<b>WILLIAM K. BOLT</b>
STREET ADDRESS	<b>2110 CLEVELAND AVE.</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	<b>MICHAEL DAVENPORT</b>
STREET ADDRESS	<b>111 2ND AVE. NE, STE. 705</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	PED <input type="checkbox"/> DELETE
NAME	<b>MICHAEL BRADY</b>
STREET ADDRESS	<b>1265 WHITFIELD AVE.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>CICIONE, FRANK</b>
STREET ADDRESS	<b>715 NW 101 TERR.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	ED <input type="checkbox"/> DELETE
NAME	<b>BRIDGES, LORENE</b>
STREET ADDRESS	<b>1282 PAUL RUSSELL RD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>HANLEY, SUSAN</b>
STREET ADDRESS	<b>8160 BAYMEADOWS WAY WEST #130</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>TO HARRY GIBSON</b>
1.3 STREET ADDRESS	<b>2281 LEE ROAD #102</b>
1.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SD MARY SPEARMAN</b>
2.3 STREET ADDRESS	<b>689 Belville RD #C</b>
2.4 CITY-ST-ZIP	<b>South DAYTONA, FL 32119</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: \_\_\_\_\_

1/1/98 850-942-6411

CH2E037 (10/97)