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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 701167**

1. Corporation Name

**FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.**

Principal Place of Business

1274 PAUL RUSSELL RD.  
1282-84 PAUL RUSSELL RD  
TALLAHASSEE FL 32301  
US

Mailing Address

PO BOX 6477  
TALLAHASSEE FL 32314-6477



2. Principal Place of Business

21 1292 Cedar Center Drive

Suite, Apt. #, etc.

22 City & State

23 Tallahassee, Fl. 32301

Zip Country

24 32301

25 Leon

2a. Mailing Address

26 P. O. Box 6477

Suite, Apt. #, etc.

27 City & State

28 Tallahassee, Fl.

Zip Country

29 32314

30 Leon

3. Date Incorporated or Qualified

07/07/1960

4. FEI Number

23-7306295

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

**LORENE BRIDGES**  
1282 PAUL RUSSELL ROAD  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

Karen J. Wordell-Smith

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

1292 Cedar Center Drive

83

84 City

Tallahassee

FL

85 Zip Code

32301

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

*Karen J. Wordell-Smith*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*January 29, 1999*

DATE

12. OFFICERS AND DIRECTORS

TITLE PPD ☒ DELETE

NAME WILLIAM K. BOLT  
STREET ADDRESS 2110 CLEVELAND AVE.  
CITY-ST-ZIP FT. MYERS FL

TITLE TD ☐ DELETE

NAME GIBSON, HARRY  
STREET ADDRESS 2281 LEE RD #102  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE PED ☐ DELETE

NAME MICHAEL BRADY  
STREET ADDRESS 1265 WHITFIELD AVE.  
CITY-ST-ZIP SARASOTA FL

TITLE SD ☐ DELETE

NAME CICIONE, FRANK  
STREET ADDRESS 715 NW 101 TERR.  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ED ☒ DELETE

NAME BRIDGES, LORENE  
STREET ADDRESS 1282 PAUL RUSSELL RD  
CITY-ST-ZIP TALLAHASSEE FL

TITLE TD ☐ DELETE

NAME HANLEY, SUSAN  
STREET ADDRESS 8160 BAYMEADOWS WAY WEST #130  
CITY-ST-ZIP JACKSONVILLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

T/Dir

☐ Change

☒ Addition

1.2 NAME

Mary Spearman

1.3 STREET ADDRESS

687 Beville Road #C

1.4 CITY-ST-ZIP

S. Daytona, FL. 32119

2.1 TITLE

VP/Director

☒ Change

☐ Addition

2.2 NAME

Address same

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change

☐ Addition

3.1 TITLE

PP/Director

Address same

4.1 TITLE

PElect/Director

☒ Change

☐ Addition

4.2 NAME

Frank Cicione

4.3 STREET ADDRESS

1700 NW 66 Ave #102

4.4 CITY-ST-ZIP

Plantation, FL. 33317

5.1 TITLE

ED

☒ Change

☒ Addition

5.2 NAME

Karen J. Wordell-Smith

5.3 STREET ADDRESS

1292 Cedar Center Drive

5.4 CITY-ST-ZIP

Tallahassee, FL. 32301

6.1 TITLE

Pres/Director

☒ Change

☐ Addition

6.2 NAME

(Same address)

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

*Karen J. Wordell-Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/29/99*

DATE

*850-942-6411*

DAYTIME PHONE #

CR2E037 (1/198)