## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 17, 2006 8:00 am Secretary of State 02-17-2006 90065 043 \*\*\*\*70.00

DOCUMENT # 701167  1. Entity Name FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.					\ <u>2</u>			
	e of Business CENTER DRIVE E, FL 32301 US	Mailing Address PO BOX 6477 TALLAHASSEE, FL 3231	4			00021		
Principal Place of Business 3. M		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		012	62006 Cha	-NP C	R2E037 (11/05)	
City & State		City & State			El Number		<u> </u>	pplied For
Zip Country		Zip	Zip Country		23-7306295 Not Applicable  5. Certificate of Status Desired \$8.75 Additional			
	6. Name and Address of Current R	egistered Agent				ss of New Regis	Fee Requir	ed
WORDELL-SMITH, KAREN J				Name				
1292 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301			Street Addre		ox Number is No	ot Acceptable)	- <del>-</del>	
	· ·		City				<b>₽</b> ∎ Zip Ço	de
R The above	named antity submits this statement for t	the oursess of changing its re		FL   Zip Code office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
	ions of registered agent.	ine purpose or changing its re	egistered dilice d	registered age	an, or both, to th	e state of Florida	i. Tanriamilai wik	i, and accept
SIGNATURE.			-					
-	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: I	Registered Agent signal	ure required when reit	nstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
	Due by May 1, 2006	Trust Fund Co						
10.	OFFICERS AND DIRE	CTORS	ntribution.	ADDITIO	to Fees	Florida	Department of S	State N 10
TITLE NAME	OFFICERS AND DIRE TD GULDI, KELLY		ntribution.  11.  TITLE  NAME	ADDITION ADDITION	ONS/CHANGES	Florida S TO OFFICERS A	Department of	State
TITLE .	OFFICERS AND DIRE	CTORS	ntribution.  11.  TITLE	ADDITION TO LOVE, KA	ONS/CHANGES  THY  BBLE CRE	Florida	Department of \$ AND DIRECTORS I Change	State N 10
NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE TD GULDI, KELLY 705 WEST S-R 434, SUITE D LONGWOOD, FL 32750 PED	CTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITION TO LOVE, KA	ONS/CHANGES  THY  BBLE CRE	Florida S TO OFFICERS A	Department of \$ AND DIRECTORS I Change	State N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRE TD GULDI, KELLY 705 WEST S-R 434, SUITE D LONGWOOD, FL 32750 PED SCHNEIDER, STEVEN 1500 SAN REMO AVENUE, #248	CTORS  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITION ADD	ONS/CHANGES  THY  BBLE CRE	Florida S TO OFFICERS A	Department of SAND DIRECTORS I	State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE TD GULDI, KELLY 705 WEST S-R 434, SUITE D LONGWOOD, FL 32750 PED SCHNEIDER, STEVEN 1500 SAN REMO AVENUE, #248 CORAL GABLES, FL 33146 PPD	CTORS  Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP . TITLE	ADDITION ADD	ONS/CHANGES  ATHY  BBLE CRE  WILLE FO	Florida S TO OFFICERS A SEK LANE - 32250	Department of SAND DIRECTORS I	State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE TD GULDI, KELLY 705 WEST S-R 434, SUITE D LONGWOOD, FL 32750 PED SCHNEIDER, STEVEN 1500 SAN REMO AVENUE, #248 CORAL GABLES, FL 33146	CTORS  Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITION ADD	ONS/CHANGES ONS/CHANGES OTHY BBLE CRE WILLE FI  NI RITCH NI BERSON	Florida STO OFFICERS A SEK LANE - 32250	Department of S AND DIRECTORS I Change  Change	N 10  Addition  Addition
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indicated on this report or supplies with this hing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 850)942-6411