FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1292 CEDAR CENTER DR

DOCUMENT # N22498

SUNCOAST CHAPTER OF THE FLORIDA ASSOCIATION OF M ORTGAGE BROKERS, INC.

Principal Place of Business
3665 BEE RIDGE ROAD

2. Principal Place of Business

SARASOTA FL 34233

21

Mailing Address

3665 BEE RIDGE ROAD SUITE 110

SARASOTA FL 34233

2a. Mailing Address

Suite, Apt. #, etc.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90184 011 ****70.00

Applied For

3. Date Incorporated or Qualifed

09/15/1987

4. FEI Number

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Appl	ied For				
22		27			65-0056318	Not /	Applicable				
City & State	9	City & State 28 TALLAHASS	Œ,	FL	5. Certificate of Status Desired	\$8.75 Ad Fee Requ					
Zíp	Country 25	Zip 29 32301 30	Country	ON	6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to					
24	9. Name and Address of Current	 	1	-, .	10. Name and Address of New Regis	tered Agent					
	o. Italia alia Addiesa di Cartelle	togistorou rigoni	81	Name							
			82								
WORDELL-SMITH, KAREN				Street Add	dress (P.O. Box Number is Not Acceptable)	•	1				
1292 CEDAR CENTER DRIVE											
TALLAHASSEE FL 32301					<u> </u>						
				City		FL 85 Zip Co					
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 a	nd title if applicable. (NOTE: Re	gistered Ager	it signature requi		DATE					
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE						
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition				
I *			1.2 NAME	1			ļ				
			1.3 STREE	ADDRESS							
CITY-ST-ZIP	SARASOTA FL 34233		1.4 CITY-S	T-ZIP							
TITLE	PE	DELETE 2.17				Change	Addition				
NAME	LEWIS, WINNIE		2.2 NAME								
STREET ADDRESS,	9600 KOGER BLVD. #120		2.3 STREE	ADDRESS			į				
CITY-ST-ZIP	ST. PETERSBURG FL 33702		2.4 CITY-5	T-ZIP							
TITLE	VP	☐ DELETE	3.1 TITLE			Change	Addition				
NAME	GARNAS, EARL		3.2 NAME								
STREET ADDRESS	4996 AMERICAN WAY		3.3 STREE	ADDRESS							
CITY-ST-ZIP	MEMPHIS TN 38118		3.4. CITY- S	T-ZIP							
TITLE	T	DELETE	4.1 TITLE		T)	Change	☐ Addition				
NAME	MCCRAY, CATHY		4. 2 NAME		RANDY SMITH						
STREET ADDRESS			4.3 STREE	ADDRESS	100 WALLACE ST.	#130	}				
CITY-ST-ZIP	SARASOTA FL 34236		4.4 CITY-S	T-ZIP	RANDY SMITH 100 WALLACE ST., SARASOTA, FL 34	237					
TITLE	D	☐ DELETE	5.1 TITLE			Change	Addition				
NAME	GIRIMONT, TERI		5.2 NAME	-							
STREET ADDRESS			5.3 STREE	ADDRESS			}				
CITY-ST-ZIP	SARASOTA FL 34343		5.4 CITY-S	T-ZIP		· w	ĺ				
TITLE	D	☐ DELETE	6.1 TITLE	- + :		Change	Addition				
NAME	ROBINSON, RICHARD	-	6.2 NAME	1	1						
	·		6.3 STREE	ADDRESS		•	ł				
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		6.4 CITY-S								
CITY-ST-ZIP	SARASOTA FL 34238 pertify that the information supplied with	this filing does not qualify for th			Section 119.07(3)(i), Florida Statutes. I furt	ther certify that the in-	formation				

indicated on this annual report or supplied with this limits does not quality for the exemption stated in Section 19.07(5)(f), Fronta Statutes. Find the 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 eccived or instee 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 appropriate with all other like empowered.

SIGNATURE:

CR2E037 (11/98)