

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005
Secretary of State

DOCUMENT# N22498

Entity Name: SUNCOAST CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.

Current Principal Place of Business:

1978 SO. TAMIAMI TRAIL
SUITE 4
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

P O BOX 6477
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 65-0056318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORDELL-SMITH, KAREN
1292 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, ERIC
Address: 3019 45TH AVE. E.
City-St-Zip: BRADENTON, FL 34236

Title: D () Delete
Name: KOWALCZYK, DARLENE
Address: 1978 S TAMIAMI TRAIL
City-St-Zip: VENICE, FL 34293

Title: S () Delete
Name: CARDEN, DONNA
Address: 4940 HIDDEN OAKS LANE
City-St-Zip: SARASOTA, FL 34232

Title: T () Delete
Name: SUSAN, ROY
Address: 1978 S. TAMIAMI TR
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: FEDORNAK, BETH
Address: 1650 1ST AVE. W. #203B
City-St-Zip: BRADENTON, FL 34205

Title: D () Delete
Name: HATIN, SANDI
Address: 1235 SORRENTO WOODS BLVD.
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE KOWALCZYK

D

04/09/2005

Electronic Signature of Signing Officer or Director

_____ Date