2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22498

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

ENGLEWOOD, FL 34223

5765 FORESTER OAK CT

SARASOTA, FL 34243

BITNER, SHERRY

() Delete

Apr 03, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1978 SO. TAMIAMI TRAIL SUITE 4 VENICE, FL 34293 **New Mailing Address: Current Mailing Address:** P O BOX 6477 TALLAHASSEE, FL 32314 FEI Number: 65-0056318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WORDELL-SMITH, KAREN 1292 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KNEELAND, CATHY BARNES, SHAUN Name: Name: 5605 26TH ST. W Address: P.O. BOX 1111 Address: City-St-Zip: BRADENTON, FL 34207 City-St-Zip: ANNA MARIA, FL 34216 Title: () Delete Title: (X) Change () Addition MADDOX, RANDY Name: KENNEDY, MARGARET Name: Address: 633 PALMETTO POINTE DR Address: 1223 S. TAMIAMI TRAIL City-St-Zip: PALMETTO, FL 34221 City-St-Zip: SARASOTA, FL 34239 Title: () Delete Title: (X) Change () Addition BARNES, SHAUN JEDNAK, VICKI Name: Name: Address: PO BOX 1111 Address: 4716 50TH AVENUE W City-St-Zip: ANNA MARIA, FL 34216 City-St-Zip: BRADENTON, FL 34210 () Delete Title: Title: (X) Change () Addition KOWALCZYK, DARLENE Name: SUSAN, ROY Name: 1978 S. TAMIAMI TR Address: Address: 1978 SO. TAMIAMI TRAIL VENICE, FL 34293 City-St-Zip: VENICE, FL 34293 City-St-Zip: Title: () Delete Title: (X) Change () Addition RICHARDS, SHAUN RICHARDS, SHAUN Name: Name: 9 OLD TRAIL RD 9 OLD TRAIL RD

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

ENGLEWOOD, FL 34223

() Change () Addition

SIGNATURE: SHAUN BARNES Ρ 04/03/2007