


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90013 026 ****61.25

DOCUMENT # N22498					
1. Entity Name SUNCOAST CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.					
Principal Place of Business 1978 SO. TAMiami TRAIL SUITE 4 VENICE, FL 34293		Mailing Address P.O. BOX 6477-1292 CEDAR CENTER DR. TALLAHASSEE, FL 32314 32301-4876			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0056318 Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WORDSELL SMITH, KAREN 1292 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301				Name CACIONE, FRANK Street Address (P.O. Box Number is Not Acceptable) 1292 CEDAR CENTER DR City TALLAHASSEE, FL Zip Code 32301	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, SHAUN		NAME	BARNES, SHAUN	
STREET ADDRESS	P.O. BOX 1111		STREET ADDRESS	P.O. BOX 14189	
CITY-ST-ZIP	ANNA MARIA, FL 34216		CITY-ST-ZIP	BRADENTON, FL 34280	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, MARGARET		NAME	MARGARET KENNEDY	
STREET ADDRESS	1223 S. TAMiami TRAIL		STREET ADDRESS	6515 42ND ST. E.	
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEDNAK, VICKI		NAME	Scott Moser	
STREET ADDRESS	4716 50TH AVENUE W		STREET ADDRESS	1978 SO. TAMiami TR	
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP	VENICE, FL 34293	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOWALCZYK, DARLENE		NAME	TRACI NAGLE	
STREET ADDRESS	1978 SO. TAMiami TRAIL		STREET ADDRESS	2714 GROVE ST	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDS, SHAUN		NAME	Judi Fusco	
STREET ADDRESS	9 OLD TRAIL RD		STREET ADDRESS	4312 DUTTILY Rd	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	NO. PORT FL 34287	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BITNER, SHERRY		NAME	AARON FOREMAN	
STREET ADDRESS	5765 FORESTER OAK CT		STREET ADDRESS	1978 SO. TAMiami TR	
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP	VENICE FL 34293	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <i>Darlene Kowalczyk</i>				941-496-9800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 1/24/08 Daytime Phone #	

ATTACHMENT

4001 2301
N22498

Additions

D
Donna Carden
4940 Hidden Oaks Lane
Sarasota, Fl.34232

D
Beth Gill
8109 Glenbrooke Pl.
Sarasota, Fl.34243

D
Michael O'Keefe
1549 Ringling Blvd.
Sarasota, Fl. 34236

D
Scott Peretz
P.O. Box 17431
Englewood, Fl. 34295

D
Lance Williams
11220 Beebalm Circle
Bradenton, Fl. 34202