

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51233

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE FLORIDA RMA SCHOOL OF COMMERCIAL LENDING, INC.

Current Principal Place of Business:

25 W. FLAGLER ST.
MIAMI, FL 33130 US

New Principal Place of Business:

Current Mailing Address:

25 W. FLAGLER ST.
C/O JOHN FLEISCHACKER
MIAMI, FL 33130 US

New Mailing Address:

25 W. FLAGLER ST.
MIAMI, FL 33130 US

FEI Number: 59-3201078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEISHCACKER, JOHN
25 W. FLALGER ST.
MIAMI, FL 33130 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: D () Delete
Name: SUITS, SCOTT
Address: 450 SOUTH ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: PD () Delete
Name: OLSON, TOM
Address: 200 NE 3RD AVE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: STEWART, TESULA
Address: 47 VIA NURELIA
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: TD () Delete
Name: FLEISCHEACKER, JOHN
Address: 25 W. FLAGLER STREET
City-St-Zip: MIAMI, FL 33130

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JOHN FLEISCHACKER

VP

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date