

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007647

FILED  
Jan 23, 2009  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF MORTGAGE BROKERS FOUNDATION, INC.

**Current Principal Place of Business:**

1292 CEDAR CENTER DRIVE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

1292 CEDAR CENTER DRIVE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 59-3616963      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GROSVENOR, MELISSA A  
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: PPD ( ) Delete  
Name: LOVE, KATHY  
Address: 8651 PEBBLE CREEK LANE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD ( ) Delete  
Name: GROSVENOR, MELISSA A  
Address: 1292 CEDAR CENTER DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD ( ) Delete  
Name: WHEELER, SONJA  
Address: 551 SANDY HOOK ROAD  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: PD ( ) Delete  
Name: ESKEW, FRAN  
Address: 375 DOUGLAS AVENUE, SUITE 1006  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD ( ) Delete  
Name: SPEARMAN, MARY  
Address: 4645 CLYDE MORRIS BOULEVARD, SUITE 409  
City-St-Zip: PORT ORANGE, FL 32129

Title: D ( ) Delete  
Name: SAUNDERS, VALERIE  
Address: 11555 CENTRAL PARKWAY, SUITE 103  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SPEARMAN, MARY  
Address: 4645 CLYDE MORRIS BOULEVARD, SUITE 409  
City-St-Zip: PORT ORANGE, FL 32129

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

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

Title: PPD (X) Change ( ) Addition  
Name: ESKEW, FRAN  
Address: 3157 ORLEANS WAY SOUTH  
City-St-Zip: APOPKA, FL 32703

Title: VD (X) Change ( ) Addition  
Name: KOWALCZYK, DARLENE  
Address: 1505 TAMiami TRAIL SOUTH  
City-St-Zip: VENICE, FL 34285

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: MELISSA A. GROSVENOR

TD

01/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date