

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **701167** (9)

1. Corporation Name

**FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.**

Principal Place of Business

Mailing Address

~~164 PAUL RUSSELL RD~~  
P O BOX 6477  
TALLAHASSEE FL 32314-6477

PO BOX 6477  
TALLAHASSEE FL 32314-6477



3. Date Incorporated or Qualified <b>07/07/1960</b>	3a. Date of Last Report <b>02/02/1995</b>
4. FEI Number <b>23-7306295</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
**1282-84 Paul Russell Rd**

26 Suite, Apt. #, etc.

23 City & State  
**Tallahassee, FL 32301**

28 City & State

24 Zip  
**32301**

29 Zip  
**32301**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LORENE BRIDGES  
1282 PAUL RUSSELL ROAD  
TALLAHASSEE FL 32301**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>VP</del> PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM K. BOLT</b>	1.2 NAME	
STREET ADDRESS	<b>2110 CLEVELAND AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<del>VP</del> PED <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAEL DAVENPORT</b>	2.2 NAME	
STREET ADDRESS	<b>111 2ND AVE. NE, STE. 705</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	2.4 CITY-ST-ZIP	
TITLE	<del>VP</del> VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAEL BRADY</b>	3.2 NAME	
STREET ADDRESS	<b>1265 WHITFIELD AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<del>VP</del> PPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FALK, JOSEPH</b>	4.2 NAME	<b>Susan Hanley</b>
STREET ADDRESS	<b>4700 BISCAYNE BLVD.</b>	4.3 STREET ADDRESS	<b>8160 Baymeadows Way West #130</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>
TITLE	<b>ED</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRIDGES, LORENE</b>	5.2 NAME	<b>James C. Rawls</b>
STREET ADDRESS	<b>441 W. VAN BUREN</b> <i>1282 Paul Russell Rd.</i>	5.3 STREET ADDRESS	<b>6555 Powerline Road #308</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	5.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33309</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Lorene M. Bridges* **LORENE M. BRIDGES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/23/96*  
Date

*942-6411*  
Daytime Phone #

CR2E037 (12/95)