2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State
02-17-2006 90065 043 ****70.00

DOCUMENT # 701167

1. Entity Name
FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.

Principal Place of Business	Mailing Address
1292 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301 US	PO BOX 6477 TALLAHASSEE, FL 32314

01262006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7306295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WORDELL-SMITH, KAREN J 1292 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GULDI, KELLY 705 WEST S-R 434, SUITE D LONGWOOD, FL 32750	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOVE, KATHY 8651 PEBBLE CREEK LANE JACKSONVILLE FL 32256	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED SCHNEIDER, STEVEN 1500 SAN REMO AVENUE, #248 CORAL GABLES, FL 33146	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD LOCKE, NELSON 3459 NE 163RD STREET NORTH MIAMI BEACH, FL 33161	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WORKMAN, RITCH 6450 ANDERSON WAY MELBOURNE FL 32940	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD YAMATO, PATRICE 3030 HARTLEY ROAD, SUITE 100 JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	E/D WORDELL-SMITH, KAREN J 1292 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSON, VAN 125 EAST INDIANA AVENUE DELAND, FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD	☑ Change ☐ Addition

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: Karen J Wordell-Smith 2/7/2006 (850) 942-6411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KAREN WORDELL-SMITH. Ex. Director