

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

~~1282 PAUL RUSSELL RD~~
P O BOX 6477
TALLAHASSEE FL 32314-6477

PO BOX 6477
TALLAHASSEE FL 32314-6477

3. Date Incorporated or Qualified 07/07/1960
3a. Date of Last Report 02/02/1995

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number 23-7306295

Applied For Not Applicable

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

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State Tallahassee, FL 32301

28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 FL 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 ~~VP~~ PD DELETE
NAME WILLIAM K. BOLT
STREET ADDRESS 2110 CLEVELAND AVE.
CITY-ST-ZIP FT. MYERS FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ~~TO~~ PED DELETE
NAME MICHAEL DAVENPORT
STREET ADDRESS 111 2ND AVE. NE, STE. 705
CITY-ST-ZIP ST. PETERSBURG FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ~~SO~~ VPD DELETE
NAME MICHAEL BRADY
STREET ADDRESS 1265 WHITFIELD AVE.
CITY-ST-ZIP SARASOTA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ~~PE~~ PPD DELETE
NAME FALK, JOSEPH
STREET ADDRESS 4700 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

4.1 TITLE SD Change Addition
4.2 NAME Susan Hanley
4.3 STREET ADDRESS 8160 Baymeadows Way West #130
4.4 CITY-ST-ZIP Jacksonville, FL 32256

TITLE ED DELETE
NAME BRIDGES, LORENE
STREET ADDRESS 441 W. VAN BUREN 1282 Paul Russell Rd.
CITY-ST-ZIP TALLAHASSEE FL

5.1 TITLE TD Change Addition
5.2 NAME James C. Rawls
5.3 STREET ADDRESS 6555 Powerline Road #308
5.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 1/23/96 942-6411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)