

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 22 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 701167 (9)**  
 1. Corporation Name  
**FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><del>1274 PAUL RUSSELL RD</del><br>1282-84 PAUL RUSSELL RD<br>TALLAHASSEE FL 32301<br>US | Mailing Address<br>PO BOX 6477<br>TALLAHASSEE FL 32314-6477 |
|---|---|

|  |   |   |
|--|---|---|
| 3. Date Incorporated or Qualified<br><b>07/07/1960</b>   |   |   |
| 4. FEI Number<br><b>23-7306295</b>   | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required  |   |   |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> \$5.00 May Be Added to Fees   |   |   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |   |

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
|                                      | Country<br>30             |

**9. Name and Address of Current Registered Agent**  
 LORENE BRIDGES  
 1282 PAUL RUSSELL ROAD  
 TALLAHASSEE FL 32301

**10. Name and Address of New Registered Agent**

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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

| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PPD<br>WILLIAM K. BOLT<br>2110 CLEVELAND AVE.<br>FT. MYERS FL             | <input type="checkbox"/> DELETE                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MICHAEL DAVENPORT<br>111 2ND AVE. NE, STE. 705<br>ST. PETERSBURG FL | <input checked="" type="checkbox"/> DELETE            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PED<br>MICHAEL BRADY<br>1265 WHITFIELD AVE.<br>SARASOTA FL                | <input type="checkbox"/> DELETE                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>CICIONE, FRANK<br>715 NW 101 TERR.<br>CORAL SPRINGS FL              | <input type="checkbox"/> DELETE                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ED<br>BRIDGES, LORENE<br>1282 PAUL RUSSELL RD<br>TALLAHASSEE FL           | <input type="checkbox"/> DELETE                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>HANLEY, SUSAN<br>8160 BAYMEADOWS WAY WEST #130<br>JACKSONVILLE FL   | <input type="checkbox"/> DELETE                       |  |

|                    |                         |                                 |  |
|--------------------|-------------------------|---------------------------------|--|
| 1.1 TITLE          | TO                      | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | HARRY GIBSON            |                                 |  |
| 1.3 STREET ADDRESS | 2281 LEE ROAD #102      |                                 |  |
| 1.4 CITY-ST-ZIP    | WINTER PARK, FL 32789   |                                 |  |
| 2.1 TITLE          | SD                      | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | MARY SPEARMAN           |                                 |  |
| 2.3 STREET ADDRESS | 689 Belville RD #C      |                                 |  |
| 2.4 CITY-ST-ZIP    | SOUTH DAYTONA, FL 32119 |                                 |  |
| 3.1 TITLE          |                         | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 3.2 NAME           |                         |                                 |  |
| 3.3 STREET ADDRESS |                         |                                 |  |
| 3.4 CITY-ST-ZIP    |                         |                                 |  |
| 4.1 TITLE          |                         | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 4.2 NAME           |                         |                                 |  |
| 4.3 STREET ADDRESS |                         |                                 |  |
| 4.4 CITY-ST-ZIP    |                         |                                 |  |
| 5.1 TITLE          |                         | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 5.2 NAME           |                         |                                 |  |
| 5.3 STREET ADDRESS |                         |                                 |  |
| 5.4 CITY-ST-ZIP    |                         |                                 |  |
| 6.1 TITLE          |                         | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 6.2 NAME           |                         |                                 |  |
| 6.3 STREET ADDRESS |                         |                                 |  |
| 6.4 CITY-ST-ZIP    |                         |                                 |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; 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 Bridges* 1/7/98 850-942-6411

CH2E037 (10/97)