

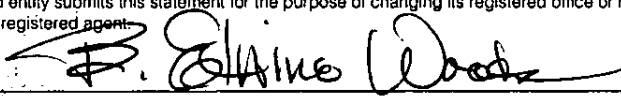
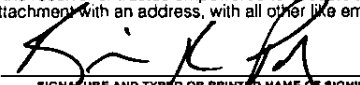


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2008 8:00 am**  
**Secretary of State**

07-22-2008 90005 019 \*\*\*\*61.25

<b>DOCUMENT # 747780</b> 1. Entity Name <b>MORTGAGE BANKERS ASSOCIATION OF CENTRAL FLORIDA, INC.</b>					
Principal Place of Business <b>4700 MILLENIA BLVD. SUITE 320 ORLANDO, FL 32839 US</b>			Mailing Address <b>KEVIN STRICKLAND/SUN TRUST MORTGAGE, INC. 1100 TOWN PARK AVENUE LAKE MARY, FL 32746 US</b>		
2. Principal Place of Business - No P.O. Box # <b>350 N LAKE DESTINY RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>350 N. LAKE DESTINY RD</b> Suite, Apt. #, etc.			
City & State <b>MAITLAND FL</b>		City & State <b>MAITLAND FL</b>		4. FEI Number <b>59-1916229</b>	
Zip <b>32751</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SMITH, PENNY 4700 MILLENIA BLVD. SUITE 320 ORLANDO, FL 32839</b>				7. Name and Address of New Registered Agent Name <b>B ELAINE WOODS</b> Street Address (P.O. Box Number is Not Acceptable) <b>350 N LAKE DESTINY RD</b> City <b>MAITLAND FL</b> Zip Code <b>32751</b>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P WASINGER, CHRISTOPHER J 12301 LAKE UNDERHILL ROAD, SUITE 231 ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE	P B ELAINE WOODS 350 N. LAKE DESTINY RD MAITLAND, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PE CULBERTSON, MICHAEL J 1560 ORANGE AVENUE, SUITE 300 ORLANDO, FL 32789	<input type="checkbox"/> Delete	NAME	PE 6266 PEELE 901 LAKE DESTINY DR STE 322 MAITLAND FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VP ADAMCZAK, A. J NEW BROAD STREET ORLANDO, FL 32814	<input type="checkbox"/> Delete	STREET ADDRESS	VP KEVIN W STRICKLAND 1100 TOWN PARK CENTER LAKE MARY FL 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	S FENDLEY, PAMELA P.O. BOX 628600 ORLANDO, FL 32862	<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	T STRICKLAND, KEVIN W 1100 TOWN PARK AVENUE LAKE MARY, FL 32746	<input type="checkbox"/> Delete	NAME	T BRIAN K POLING 200 COUNTEL CENTER PARKWAY #120 LAKE MARY FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <b>7/16/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					