2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# F09000000510

Entity Name: NATIONAL FEDERATION OF MORTGAGE PROFESSIONALS CORPORATION

Current Principal Place of Business:

1292 CEDAR CENTER DR
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1292 CEDAR CENTER DR
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 26-4094746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GROSVENOR, MELISSA A
1292 CEDAR CENTER DR
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: SAUNDERS, VALERIE J
Address: 11555 CENTRAL PARKWAY, SUITE 103
City-St-Zip: JACKSONVILLE, FL 32224

Title: P/D
Name: PEEK, RICHARD E JR.
Address: 921 DOUGLAS AVENUE, SUITE 200
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PE/D
Name: TURLA, RENE M
Address: 311 MAGNOLIA AVENUE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T/D
Name: CICIONE, FRANK
Address: 1292 CEDAR CENTER DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: S/D
Name: MULLIGAN, TINA L
Address: 9720 STIRLING ROAD, SUITE 105
City-St-Zip: COOPER CITY, FL 33024

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK CICIONE T/D 04/18/2011

Electronic Signature of Signing Officer or Director — Date