

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L10525 (8)**
1. Corporation Name
INDEPENDENCE MORTGAGE CORPORATION OF AMERICA



Principal Place of Business

Mailing Address

~~%NATHAN GITHY~~
2699 LEE RD., SUITE 600
WINTER PARK FL 32789

~~%NATHAN GITHY~~
2699 LEE RD., SUITE 600
WINTER PARK FL 32789

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/21/1989

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2969256

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

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

10. Name and Address of New Registered Agent

**ADAMS, RICHARD H., JR.
940 HIGHLAND AVENUE
ORLANDO FL 32803**

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 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

Thomas B. Henry
Signature, typed or printed name of registered agent and not applicable

(NOT: Registered Agent signature required when reinstating)

DATE

4-1-96

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **TURNER, DOUGLAS L**
STREET ADDRESS **2699 LEE RD SUITE 600**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **DVS** ☒ DELETE
NAME **KELLY, DARWIN, JR.**
STREET ADDRESS **2415 N. ORANGE AVE.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **T** ☒ DELETE
NAME **KELLY, DARWIN, JR.**
STREET ADDRESS **2415 N. ORANGE AVE.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **ADAMS, RICHARD H., JR.**
STREET ADDRESS **940 HIGHLAND AVENUE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **WITTENSTEIN, JOSEPH**
STREET ADDRESS **1812 IVANHOE ROAD**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **MURPHY, J. MICHAEL**
STREET ADDRESS **11042 LAKE BUTLER BLVD.**
CITY-ST-ZIP **WINDERMERE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **RC** ☐ Change ☒ Addition
1.2 NAME **Robert O. Smedley**
1.3 STREET ADDRESS **2699 Lee Rd., Suite 600**
1.4 CITY-ST-ZIP **Winter Park, FL 32789**

2.1 TITLE **DP** ☐ Change ☒ Addition
2.2 NAME **Edward J. Sauer**
2.3 STREET ADDRESS **2699 Lee Rd., Suite 600**
2.4 CITY-ST-ZIP **Winter Park, FL 32789**

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **Rose M. Richart**
3.3 STREET ADDRESS **2699 Lee Rd., Suite 600**
3.4 CITY-ST-ZIP **Winter Park, FL 32789**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **700001804377**
5.2 NAME **05/02/96-01015-041**
5.3 STREET ADDRESS *****200.00**
5.4 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)(c), Florida Statutes. I further certify that the information indicated on this annual report is true and correct, and that the registered agent and the registered agent's name have the same legal effect as if made under oath, that I am an officer or director of the corporation, and that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am registered or an attachement with an address.

SIGNATURE:

Thomas B. Henry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sr.VP

4-1-96

407 PSp0022

Date

Daytime Phone #

CR2E034 (12/95)

5/1/96