2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000009993

1. Entity Name
PROFESSIONAL ASSOCIATION OF MARINE LENDERS, INC.

Principal Place of Business	Mailing Address
% MARITIME FINANCE 301 SE 20TH ST FT LAUDERDALE, FL 33316	% MARITIME FINANCE 301 SE 20TH ST FT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

08042006 No Chg-NP CR2E037 (4/06)

4. FEI Number
86-1118482

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JEFF
% MARITIME FINANCE
301 SE 20TH ST
FT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Jeff Johnson 9-1-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, JEFF
STREET ADDRESS	% MARITIME FINANCE - 301 SE 20TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	VP
NAME	VELEZ, JIM
STREET ADDRESS	% 1ST NEW ENGLAND FIN - 801 BEABREEZE BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	S
NAME	TROSTLE, KAREN
STREET ADDRESS	%STERLING ACCEPTANCE-2830 SOLOMONS ISLAND
CITY-ST-ZIP	EDGEWATER, MD 21037
TITLE	T
NAME	RYDER, LANG
STREET ADDRESS	%SEACOAST MARINE FIN-2601 EOAKLAND PARK BL
CITY-ST-ZIP	FT LAUDERDALE, FL 33306
TITLE	D
NAME	FOLEY, JAMES
STREET ADDRESS	1535 SW 17 ST - STE B-207
CITY-ST-ZIP	FT.LAUDERDALE, FL 33316
TITLE	D
NAME	VOLLENWEIDER, KYLE
STREET ADDRESS	18167 US 19 N - STE 300
CITY-ST-ZIP	CLEARWATER, FL 33764

U00000576437
09/07/06-80006-009 61.25

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Jeff Johnson 9-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #