2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2008 8:00 am Secretary of State

DOCUMENT # N04334 1. Entity Name MORTGAGE BANKERS ASSOCIATION OF TAMPA BAY, INC.					04-02-2008 90	y 01 512 031 035 ****61						
Principal Place 9738 REYNO NEW PORT R	SA DR.	Mailing Address PO BOX 21977 TAMPA, FL 33622-1977	:		(1811) áinús lig on 11711 ái te bin	TIL ALĞIL BIBIN ƏLEK BIBIL BADI	470 i 81 i 801					
	REVNOSA DR	Mailing Address PO BOX 219 Suite, Apt. #, etc.	77	03182008	Chg-NP	CR2E037 (12/06)						
Vew F		_City & State	 []	4. FEI Number 59-2559		├	plied For					
Zip	Couletry	Zip	Country	5 Certificate o	of Status Desired	\$8.75 Add	itional					
34655	6. Name and Address of Current Regis		COLOR US		Address of New Regi							
Name Days Duyloust's												
JOHNSON, CONRAD M 4515 FERNCROFT CIRCLE			Street Ad	Street Address (P.O. Box Number is Not Acceptable) 9322 Junny Oak DR								
TAMPA, FI	L 33029		1-24	as Surricy Coops								
			City R	vierviera		FL Zip Code						
	named entity submits this statement for the	purpose of changing its reg			, in the State of Florid							
the obligation	ions of registered a les				_	1.						
SIGNATURE 13/20/08												
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	Signature, typed or printed name of registered agent and title	le il applicable. (NOTE: Re	egistered Agent signatu	re required when reinstating)		DATE .						
	Signature, typed or printed name of registered agent and title Filling Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees	Florida	e check payable to a Department of St	ate					
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRECT	9. Election Campa Trust Fund Con	aign Financing atribution.	\$5.00 May Be Added to Fees ADDITIONS/CHA	Florida NGES TO OFFICERS	AND DIRECTORS IN	10					
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12. I hereby certify that the information supplied with this filing does not quality 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 open at attachment with an address and our employment.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

30/08 813671716

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENT # N04334 GE BANKERS ASSOCIATION	ON OF TAMPA BAY,			A	ITACHM	ENT	
Principal Place 9738 REYNO NEW PORT R		Mailing Address PO BOX 21977 TAMPA, FL 33622-1977	7		1/12)572	91)	
2. Principal P 9738 Suite, Apt.	Reynosa DR Reynosa DR #, etc. 1	3. Mailing Address PO BOX 2 Suite, Apt. #, etc.	1977		03182008 Chg		E037 (12/06)	
City & State Nw Pt		City & State Tampa Tip	Country		4. FEI Number 59-2559615		<u> </u>	oplied For of Applicable
34055	USA 6. Name and Address of Current R	33622	USA		 Certificate of Star Name and Address 	tus Desired	Fee Require	
	I, CONRAD M NCROFT CIRCLE L 33629		Street A	Address (F	Duplantis 20. Bbx Number is No any Dalc DR	ot Acceptable)		
			Cipi	ver ji	ew		Zip Cod 335 (4	9
	named entity submits this statement for ions of registered agent	3	Registered Agent signa		ed agent, or both, in the	3/2 DAT	0/08	and accept
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees		eck payable to partment of S	
10. Title Name Street address City-St-2ip	OFFICERS AND DIRE P JOHNSON, CONRAD M 4515 FERNCROFT CIRCLE TAMPA, FL 33629	CTORS (25) Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZP	DiRec John 1853		my # ilele	DIRECTORS IN (X) Change	I 10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD KESLAR, RANDY W 9738 REYNOSA DR. NEW PORT RICHEY, FL 34655	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Direct Dean 3450	LTOR	20 ParkDr #	⊠ Change ³⊙⊙	☐ Addition
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l indicated	certify that the information supplied with t on this report or supplemental report is to poration of the receiver or trustee emproy or on an attachinent with an address with	rue and accurate and that my	u signatura ehallil	contained	in Chapter 119, Florid	da Statutes. I further of made under oath; that that my name appear	at I am an officer ars in Block 10 o	or director r Block 11 if
SIGNAT	URE: SIGNATURE AND TYPED OP THE	INTED NAME OF SIGNING OFFICER O	R DIRECTOR		3/5	0/08 8,	/3 47/ Daytone Phone #	7/69