


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90032 032 \*\*\*\*61.25

<b>DOCUMENT # N07000000558</b> 1. Entity Name FLORIDA ASSOCIATION OF MORTGAGE BROKERS-CAPITAL CITY CHAPTER, INC.					
Principal Place of Business 1292 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301			Mailing Address 1292 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03242008 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-8330658				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GROSVENOR, MELISSA A 1292 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE, TONYA 2565 BARRINGTON CIRCLE TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeff Vickers 221 Delta Ct. suite #1 (P) Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VICKERS, JEFF 221-1 DALTA COURT TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeff Corbett 221 Delta Ct. suite #3 (VP) Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COX, ANNETTE 2565 BARRINGTON CIRCLE TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dominic Pannelli 1136 Blackhawk Way (T) Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED SNYDER, SHARLOT 2724 CAPITAL CIRCLE N.E. #6 TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Toni Courtier 206 St. James Ave, NW (PE) Carrabelle, FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIERKING, CALE 2724 CAPITAL CIRCLE N.E. #6 TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	shellie Scheider 1608 Eagles Landing Blvd. (S) Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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, and otherwise like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/10/08 727-452-9106 <small>Date Daytime Phone #</small>		