

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011327

FILED
Jan 22, 2009
Secretary of State

Entity Name: MORTGAGE BANKERS ASSOCIATION OF THE SPACE COAST, INC

Current Principal Place of Business:

333 FIFTH AVENUE
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

333 FIFTH AVENUE
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 59-2818734 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FREED, JAN
333 FIFTH AVE.
INDIALANTIC, FL 32903 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: P () Delete
Name: FREED, JAN B
Address: 333 FIFTH AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: V () Delete
Name: FITZGERALD, JANICE
Address: 1025 S. BABCOCK ST.
City-St-Zip: MELBOURNE, FL 32901

Title: T () Delete
Name: RACZ, PAMELA
Address: 1025 S. BABCOCK ST
City-St-Zip: MELBOURNE, FL 32901

Title: S () Delete
Name: TOM, KATHERINE
Address: 2194 HIGHWAY A1A,
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: HALL, STEPHEN S
Address: 333 FIFTH AVE.
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: DAWSON, CHERYL
Address: 2460 N. COURTENAY PKWY
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BAGWELL, CAROL
Address: 1800 W HIBISCUS BLVD, #112
City-St-Zip: MELBOURNE, FL 32901

Title: V (X) Change () Addition
Name: RACZ, PAMELA
Address: 1025 S. BABCOCK ST
City-St-Zip: MELBOURNE, FL 32901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAN FREED

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date