

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008421

FILED
Apr 29, 2009
Secretary of State

Entity Name: FLORIDA MORTGAGE PROFESSIONALS ASSOCIATION, INC.

Current Principal Place of Business:

7586 ROSEMONT DRIVE
ENGLEWOOD, FL 34224

New Principal Place of Business:

210 FAIRWOOD AVENUE
SUITE 63
CLEARWATER, FL 33759

Current Mailing Address:

115 AIKENS CENTER
SUITE 20-B
MARTINSBURG, WV 25401

New Mailing Address:

P.O. BOX 5815
CLEARWATER, FL 33758

FEI Number: 26-4761299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARPENTER, TIMOTHY
7586 ROSEMONT DRIVE
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

COLLYER, JERRY
210 FAIRWOOD AVENUE
SUITE 63
CLEARWATER, FL 33759 US

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: JERRY COLLYER

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: COLLYER, JERRY
Address: 210 FAIRWOOD AVENUE, SUITE 63
City-St-Zip: CLEARWATER, FL 33759

Title: VP () Change (X) Addition
Name: TENNELL, SCOTT
Address: 16156 KEY LIME BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S () Change (X) Addition
Name: LOMBARDI, LISA
Address: 9751 MARLINTON LANE
City-St-Zip: PORT RICHEY, FL 34668

Title: T () Change (X) Addition
Name: ECHOLS, STEVE
Address: 1815 SHADY COVE DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: D () Change (X) Addition
Name: DELOACH, ROY
Address: 7900 WESTPARK DRIVE, SUITE T-309
City-St-Zip: MCLEAN, VA 22102

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: JERRY COLLYER

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date