

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011682

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF MITIGATION BANKERS, INC.

**Current Principal Place of Business:**

C/O MITIGATION MARKETING  
1005 EDGEWATER DRIVE  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 547881  
ORLANDO, FL 32854

**New Mailing Address:**

**FEI Number:** 27-1461801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOPPING GREEN & SAMS, P.A.  
119 SOUTH MONROE, SUITE 300  
TALLAHASSEE, FL 32301 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: DP  
Name: BENBOW, DENNIS  
Address: POST OFFICE BOX 542585  
City-St-Zip: ORLANDO, FL 32854

Title: DT  
Name: SPILLANE, JACK  
Address: PO BOX 149386  
City-St-Zip: ORLANDO, FL 32814

Title: DV  
Name: ALDERMAN, LESLIE D JR  
Address: 6118 DEER RUN  
City-St-Zip: FORT MYERS, FL 33907

Title: DV  
Name: COLBERT, WILLIAM B  
Address: 1001 HEATHROW PARK LANE, SUITE 4001  
City-St-Zip: LAKE MARY, FL 32746

Title: DS  
Name: CASEY, BILL  
Address: 2816 BROADWAY CENTER BLVD  
City-St-Zip: BRANDON, FL 33510

I hereby 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 all other like empowered.

SIGNATURE: DENNIS K. BENBOW

DP

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date