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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N15040**

1. Corporation Name

**MORTGAGE BANKERS EDUCATION FOUNDATION OF FLORIDA  
, INC.**

Principal Place of Business

1133 W. MORSE BLVD., #201  
WINTER PARK FL 32789

Mailing Address

1133 W. MORSE BLVD., #201  
WINTER PARK FL 32789



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

05/20/1986

4. FEI Number

59-2686055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**CROW-SEGAL, PAT**  
**1133 W MORSE BLVD., #201**  
**WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PED  
NAME GINN, DAVID  
STREET ADDRESS 8021 PHILLIPS HWY #1  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ DELETE

TITLE STD  
NAME ROBBINS, ALAN  
STREET ADDRESS 7545 KENDALL DR  
CITY-ST-ZIP MIAMI FL 33156 ☐ DELETE

TITLE VPD  
NAME SCHWARTZ, DARRELL  
STREET ADDRESS 2434 HOLLYWOOD BLVD  
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ DELETE

TITLE PED  
NAME NELSON, HOWARD  
STREET ADDRESS 9000 SOUTHSIDE BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PP/D ☒ Change ☐ Addition  
1.2 NAME GINN, DAVID  
1.3 STREET ADDRESS 10459 SYLVAN LANE W.  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 33357

2.1 TITLE VP/D ☒ Change ☐ Addition  
2.2 NAME ROBBINS, ALAN  
2.3 STREET ADDRESS 1390 S. DIXIE HWY.  
2.4 CITY-ST-ZIP CORAL GABLES, FL 33431

3.1 TITLE P/D ☒ Change ☐ Addition  
3.2 NAME SCHWARTZ, DARRELL  
3.3 STREET ADDRESS 2255 GLADES ROAD, #140W  
3.4 CITY-ST-ZIP BOCA RATON, FL 33431

4.1 TITLE S/T/D ☐ Change ☒ Addition  
4.2 NAME HOLMAN-MOHR, KRISTINA  
4.3 STREET ADDRESS 1495 MARKET STREET, #B  
4.4 CITY-ST-ZIP TALLAHASSEE, FL 32312

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4/12/99

407-647-8839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)