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NONPROFIT CORPORATION	FLORIDA DEPARTN		Apr 19, 199	9 8:00 am
ANNUAL REPORT	Secretary o		Secretary	of State
1999	DIVISION OF COR	RPORATIONS	04-19-1999 90085	008 ****61.25
OCUMENT # N15040				
Mortgage Bankers Education , Inc.	Foundation of Flor	IDA		
ncipal Place of Business	Mailing Address			
33 W. MORSE BLVD., #201 NTER PARK FL 32789	1133 W. MORSE BLVD #201 WINTER PARK FL 32789			
Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 05/20/1986	
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		4. FEI Number	Applied For
			59-2686055	Not Applicable \$8.75 Additional
City & State	City & State		5. Certifcate of Status Desired	Fee Required
Zip Country	Zip [29] [30	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
25 9. Name and Address of Curren		81 Name	10. Name and Address of New Register	
Crow-Segal, Pat 1133 w Morse Blvd., #201 Minter Park Fl 32789		82 Street A 83	ddress (P.O. Box Number is Not Acceptable)	
Pursuant to the provisions of Sections 617.050	of Florida, Such change was auto	Indized by the como	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	85 Zip Code of changing its registered pointment as registered
Pursuant to the provisions of Sections 617.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga SNATURE Signature, typed or printed name of registered agent	of Florida. Such change was auth tions of, Section 617.0503, Florida nt and title if applicable. (NOTE: Re	the above-named c orized by the corpo a Statutes.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap sured when reinstating)	C
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Pursuant to the provisions of Sections 617.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga SNATURE Signature, typed or printed name of registered agen OFFICERS AN E PED E GINN, DAVID 8021 PHILLIPS HWY #1 4-ST-ZIP JACKSONVILLE FL 32256 E STD ROBBINS, ALAN FET ADDRESS 7545 KENDALL DR 	of Florida. Such change was auth tions of, Section 617.0503, Florida In and title if applicable. (NOTE: Re ID DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	the above-named c orized by the corpo a Statutes. gistered Agent signature re 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap ADDITIONS/CHANGES TO OFFICERS PP/D GINN, DAVID 10459 SYLVAN LANE W. JACKSONVILLE, FL 33357 VP/D ROBBINS, ALAN 1390-SDIXIE-HWY. CORAL GABLES, FL 33431 P/D- SCHWARTZ, DARRELL 2255 GLADES ROAD, #140W BOCA RATON, FL 33431 S/T/D HOLMAN-MOHR, KRISTINA 1495 MARKET STREET, #B TALLAHASSEE, FL 32312	Change Addition Change Addition Change Addition
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