2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-06-2004 90020 037 ****61.25
N15040

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N15040

1. Entity Name
MORTGAGE BANKERS EDUCATION FOUNDATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1133 W. MORSE BLVD., #201 WINTER PARK, FL 32789	1133 W. MORSE BLVD., #201 WINTER PARK, FL 32789

01082004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2686055 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CROW-SEGAL, PAT 1133 W MORSE BLVD., #201 WINTER PARK, FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BENNETT, ROSS 1180 SPRING CENTRE SOUTH, #223 ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP/D Bennett, Ross 1180 Spring Centre South, #223 Altamonte Springs, FL 32714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MIEWOLD, ELLEN 1062 PIEDMONT OAKS DR APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Niewold, Ellen 1062 Piedmont Oaks Drive Apopka, FL 32703	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HALLAM, GREG 8850 N TAMIAMI TRAIL N NAPLES, FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D Hallam, Greg 8850 N. Tamiami Trail N. Naples, FL 34108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD HOLMAN-MOHR, KRISTINA 285 STARMOUNT DRIVE TALLAHASSEE, FL 32303	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Allen, Tim 5551 Ridgewood Dr. Naples, FL 34108	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CASTELLANOS, RAY 9425 SUNSET DRIVE, #233 MIAMI, FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE/D Castellanos, Ray 9425 Sunset Drive, #233 Miami, FL 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Kelly, Larry 12664 Classic Drive Coral Springs, FL 33071	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3-22-04 954-255-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/13 gw