


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

|   |   |   |
|---|---|---|
| <b>DOCUMENT # N19952</b>  |   |  |
| 1. Entity Name<br>FLORIDA ASSOCIATION OF MORTGAGE BROKERS -<br>PALM BEACHES CHAPTER, INC. |   |   |
| Principal Place of Business<br>17725 84TH CT N<br>LOXAHATCHEE, FL 33470 US                | Mailing Address<br>PO BOX 6477<br>TALLAHASSEE, FL 32314-6477 US |   |



03302007 No Chg-NP CR2E037 (4/06)

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|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>65-0079632   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

|  |                                   |
|--|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>WONDELL SMITH, KAREN<br>1292 CEDAR CENTER DR<br>TALLAHASSEE, FL 32301 | <b>DO NOT WRITE IN THIS SPACE</b> |
|--|-----------------------------------|

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>MERKARSKI, JOLEEN<br>600 W HILLSBORO BLVD #515<br>DEERFIELD BEACH, FL 33441 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>VAUGHN, NANCY<br>PO BOX 19352<br>W.P.B., FL 334169352                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>MALCHOW, GAIL<br>2019 20TH LANE<br>LAKE WORTH, FL 33463                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | O<br>HARMON, MONICA<br>909 NE 7TH AVE.<br>DELRAY BEACH, FL 33483                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | O<br>ROGERS, KELLY<br>17725 84TH CT N<br>LOXAHATCHEE, FL 33470                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>DONAHUE, FRANK<br>PO BOX 1426<br>LOXAHATCHEE, FL 33470                      |

**DO NOT WRITE  
IN THIS SPACE**

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04/27/07-80069-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #