

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19952

FILED
Apr 01, 2008
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF MORTGAGE BROKERS - PALM BEACHES CHAPTER, INC.

Current Principal Place of Business:

17725 84TH CT N
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6477
TALLAHASSEE, FL 323146477 US

New Mailing Address:

FEI Number: 65-0079632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WONDELL SMITH, KAREN
1292 CEDAR CENTER DR
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: D () Delete
Name: MERKARSKI, JOLEEN
Address: 600 W HILLSBORO BLVD #515
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D () Delete
Name: VAUGHN, NANCY
Address: PO BOX 19352
City-St-Zip: W.P.B., FL 334169352

Title: D () Delete
Name: MALCHOW, GAIL
Address: 2019 20TH LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: O () Delete
Name: HARMON, MONICA
Address: 909 NE 7TH AVE.
City-St-Zip: DELRAY BEACH, FL 33483

Title: O () Delete
Name: ROGERS, KELLY
Address: 17725 84TH CT N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: DONAHUE, FRANK
Address: PO BOX 1426
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: TENNELL, ERIC S
Address: 16156 KEY LIME BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: BARRON, CINDY
Address: 1515 UNIVERSITY DR., STE 102D
City-St-Zip: CORAL SPRINGS, FL 33071

Title: O (X) Change () Addition
Name: BARIE, DAVID
Address: 1207 N.W. 9TH STREET
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D (X) Change () Addition
Name: ROGERS, KELLY
Address: 17725 84TH CT N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KELLY ROGERS

D

04/01/2008

Electronic Signature of Signing Officer or Director

Date