

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90010 041 ****61.25

DOCUMENT # N22024

1. Corporation Name

GOLD COAST CHAPTER OF THE FLORIDA ASSOCIATION OF
MORTGAGE BROKERS, INC.

Principal Place of Business

% LORENE BRIDGES
1282 PAUL RUSSELL RD.
TALLAHASSEE FL 32301

Mailing Address

% LORENE BRIDGES
1282 PAUL RUSSELL RD.
TALLAHASSEE FL 32301



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

08/13/1987

4. FEI Number

65-0137875

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WORDELL-SMITH, KAREN
1282 PAUL RUSSELL RD
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

TALLAHASSEE

FL

85 Zip Code
32301

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

Karen J. Wordell-Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ARBULU, MARIANNE
STREET ADDRESS 200 W HILLBORO BLVD, STE 204
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE VPD ☐ DELETE

NAME LEVINE, DAVID
STREET ADDRESS 6190 N.W. 11THJ ST
CITY-ST-ZIP FT LAUDERDALE FL

TITLE TD ☐ DELETE

NAME MOTOOKA, RANDY
STREET ADDRESS 5530 S.W. 58TH CT
CITY-ST-ZIP FT LAUDERDALE FL 33314

TITLE SD ☐ DELETE

NAME GARDNER, JAMES
STREET ADDRESS 65555 N POWERLINE RD., #414
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE PPD ☐ DELETE

NAME BYER, PAUL A
STREET ADDRESS 2915 PALM AIRE DR N
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

David Levine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0007325