

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22024

FILED
Mar 23, 2009
Secretary of State

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

Current Principal Place of Business:

1292 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1292 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 65-0137875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROSVENOR, MELISSA A
1292 CEDAR CENTER DRIVE
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: P () Delete
Name: MULLIGAN, TINA L
Address: 11158 NW 19TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: PE () Delete
Name: ELLINGSWORTH, SUSAN
Address: 14100 NE 2 AVE, STE 206
City-St-Zip: MIAMI, FL MIAMI US

Title: V () Delete
Name: LIZ, WILNER
Address: 4100 NE 2 AVE, STE 206
City-St-Zip: MIAMI, FL 33137 US

Title: T () Delete
Name: NANCY, SANDOVAL
Address: 1897 NW 128 TC.
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: S (X) Delete
Name: MARK, MODZELEWSKI
Address: 1159 GRANT STREET
City-St-Zip: HOLLYWOOD, FL 33019 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PE (X) Change () Addition
Name: BLOOM, VIKTORIA
Address: 12717 W SUNRISE BLVD SUITE 161
City-St-Zip: SUNRISE, FL 33323 US

Title: T (X) Change () Addition
Name: POTTER, DIANA
Address: 4525 BOUGAINVILLE DRIVE APT 7
City-St-Zip: LAUDERDALE BY THE SEA, FL US

Title: S (X) Change () Addition
Name: RUBIN, HARRIETT
Address: 10987 W BROWARD BLVD
City-St-Zip: PLANTATION, FL 33324 US

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: TINA MULLIGAN

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date