

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 29, 2012
Secretary of State

DOCUMENT# N22024

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
Name: IGLESIAS, ALICIA M
Address: 8362 PINES BLVD #155
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: PE
Name: MARTIN, CAROL
Address: 8362 PINES BLVD #155
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: VP
Name: RODRIQUEZ, DENYSIS
Address: 8362 PINES BLVD #155
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T
Name: REY, SUSIE
Address: 8362 PINES BLVD #155
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S
Name: WHITE, KIMBER
Address: 8362 PINES BLVD #155
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby 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 all other like empowered.

SIGNATURE: ALICIA M IGLESIAS

P

10/29/2012

Electronic Signature of Signing Officer or Director

Date