

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90022 027 \*\*\*\*70.00



**DOCUMENT # N22025**  
 1. Entity Name  
**JACKSONVILLE CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.**

Principal Place of Business  
 1292 CEDAR CENTER DR  
 TALLAHASSEE, FL 32301 US

Mailing Address  
 PO BOX 6477  
 TALLAHASSEE, FL 32314 US



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 1292 Cedar Center Dr.  
 Suite, Apt. #, etc.

04092007 Chg-NP CR2E037 (12/06)

City & State  
 Tallahassee FL

City & State  
 Tallahassee FL

Zip Country  
 32301 US

4. FEI Number  
 59-2947646

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WORDELL-SMITH, KAREN J  
 1292 CEDAR CENTER DRIVE  
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent  
 Name Melissa A. Grosvenor  
 Street Address (P.O. Box Number is Not Acceptable)  
 1292 Cedar Center Dr.  
 City Tallahassee FL Zip Code 32301

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 Melissa A. Grosvenor DATE 4/9/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALTER, PAUL <input checked="" type="checkbox"/> Delete 4540 SOUTHSIDE BLVD #603 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEINKAMP, JOHN <input type="checkbox"/> Delete 3030 HARTLEY ROAD, SUITE 100 JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMPS, JOHN <input type="checkbox"/> Delete 1650 ART MUSUEM DR # 11 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNTER, KYLE <input checked="" type="checkbox"/> Delete 13500 SUTTON PARK DR SOUTH #803 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B BISHOP, BEN <input type="checkbox"/> Delete 1802 ROBERTS DR JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TED <input type="checkbox"/> Delete 3015 HARTLEY ROAD, SUITE 26 JACKSONVILLE, FL 32257

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Scott Schriefer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 383 Brier Rose Lane Orange Park, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jody Barry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10175 Fortune & Park #201 Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12627 San Jose Blvd # 902 Jacksonville, FL 32223

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: John Steinkamp DATE: 4/9/07 DAYTIME PHONE #: (904) 279-0042  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR