


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N22025</b>		
1. Entity Name <b>JACKSONVILLE CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.</b>		

Principal Place of Business <b>1292 CEDAR CENTER DR TALLAHASSEE, FL 32301 US</b>	Mailing Address <b>PO BOX 6477 TALLAHASSEE, FL 32314 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>1292 Cedar Center Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tallahassee FL</b>	City & State <b>Tallahassee FL</b>
Zip <b>32301</b>	Country <b>US</b>

6. Name and Address of Current Registered Agent <b>WORDELL-SMITH, KAREN J 1292 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name <b>Melissa A. Grosvenor</b> Street Address (P.O. Box Number is Not Acceptable) <b>1292 Cedar Center Dr.</b> City <b>Tallahassee</b> FL Zip Code <b>32301</b>	
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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 <b>Melissa A. Grosvenor</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>4/9/07</b>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	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	T STEINKAMP, JOHN <input type="checkbox"/> Delete 3030 HARTLEY ROAD, SUITE 100 JACKSONVILLE, FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	S Jody Barry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10175 Fortune Pkwy #201 Jacksonville, FL 32256
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	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TED <input type="checkbox"/> Delete 3015 HARTLEY ROAD, SUITE 26 JACKSONVILLE, FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12627 San Jose Blvd # 902 Jacksonville, FL 32223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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