2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

AIIIIVAD ILLE VIII					04-07-2008 90046 011 ****70.00			
DOCUMENT # N22025 1. Entity Name JACKSONVILLE CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.					-07-2000 30	3040 011		
Principal Place of Business 1292 CEDAR CENTER DR TALLAHASSEE, FL 32301 US		Mailing Address 1292 CEDAR CENTER DR TALLAHASSEE, FL 32301 US		1 (0.0) (1911 0) 10 4 (191	R HININ BURKU HICOT DAN	itan aleh oron ban elen oleh ol	1071 Ft 1692	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03242008	hg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-29476	46		plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	\$8.75 Add Fee Require		
-	6. Name and Address of Current R	egistered Agent		7. Name and Ad	dress of New R	egistered Agent		
			Name	Name				
1292 CED/	IOR, MELISSA A [.] AR CENTER DRIVE SSEE, FL 32301		Street A	cidress (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	e	
the obligation of the street o	ions of registered agent.	-						
	Signature, typed or printed name of registered agent are	eldasilaça hetit bi	E: Registered Agent signet	ura required when reinstating)	1	DATE		
	Filling Fee is \$61.25 Due by May 1, 2008		npaign Financing	\$5.00 May Be Added to Fees		DATE ake check payable to be		
10.	Filing Fee is \$61.25	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Flori	ake check payable to	tate	
10. TIYLE	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Flori	ake check payable to	tate	
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12. Thereby certify that the information supplied with this faint does not quality for the exemptions contained in Chapter 119, Plonda Statutes. I further certary 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: _

SIGNATURE AND TYPED OR PRINTED MANY OF SIGNING OFFICER OR DIRECTOR

4/3/08

904-880-6000

Daytime Phone #