SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N22027

(9)

CITRUS CHAPTER OF THE FLORIDA ASSOCIATION OF MOR

TGAGE BROKERS INC.								T 1884/AN ATO TRATO MANA ANAMA MANA MANA ANAMA ANAMA ANAMA ANAMA ANAMA ANAMA ANAMA ANAMA ANAMA						
Principal Place of Business Malling Address									-   1   100/11/84   118   110/10   118/14   08/140   140/1	ël bijtit gj	IJII BIBII BIBII	T1811 <b>1</b> 1191  1881		
333 6TH STREET, S.W. 333 6TH STREET, S.W.									3. Date Incorporated or Qualified	<del></del>	<del> </del>			
WINTER HAVEN FL 33880 WINTER HAVEN FL 33880									08/13/1987		_			
									4. FEI Number			Applied For		
Principal Place of Business     2a. Mailing Address									59-2946556			Not Applicable		
21	- rincipal r	rincipal Place of Business 2a. Mailing Ad 26				Address			5. Certificate of Status Desired		•	Additional Regulred		
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.			6. Election Campaign Financing			May Be				
	City & State			121	City & State				Trust Fund Contribution	<u></u>	Added to Fees			
23	-			28					7. Is this nonprofit corporation a hom		No No	on?		
	Zip		Country	Zip Country			у		8. This corporation owes or has paid		=	ntangihia 🗚		
24			25	29		30			Personal Property Tax due June 3			No		
	····	9. Name	and Address of Cur	rent Regis	tered Agent				10. Name and Address of New Regi	stered	Agent			
						8	Na	ame				-		
	BRIDGES, L <b>ore</b> ne							reet Addre	ss (P.O. Box Number is Not Acceptable	<u> </u>				
1274 PAUL R <b>US</b> SELL RD.							≧ St	out radio	as (1 .0. Dox Homber is Not Acceptable	,				
TALLAHASSEE FL 32301						83	3				_			
						84	Cit	h.,						
						j		•		FL	_     '	Code		
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar, with, and accept the obligations of, section 617.0503, Florida Statutes.  SIGNATURE											gistered gistered			
SIG	SNATURE.		or printed name of registered a		racto	ATT 8 11 1					70	· · · · · · · · · · · · · · · · · · ·		
12.		olynegre, typec t					igent si	gnature requir	ed when rehatating)	DATE	IB DIDEOT			
						13.	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	ERS AN				
NAME		SHORETTE, CHARMAGNE E					1.2 NAME			ļ	Change	Addition		
STREET ADDRESS						ľ								
CITY-ST-ZIP		WINTER HAVEN FL				1.3 STREET ADDRESS								
TITL		D	ATERI I L		DELETE	2.1 TITLE	1-2.12				F1			
NAM	E	CRAWFOR	D TRINA		Dece le	2.2 NAME					L Change	Addition		
			O SHADOW DR.				2.3 STREET ADDRESS							
			AKELAND FL											
TITLE 1)				DELETE	3.1 TITLE	2.4 CITY-ST-ZIP 3.1 TITLE			<del></del>		<b>П</b> ,			
NAM	Ε.	Davis	2: 0		□ nereie	3.2 NAME		İ		ł	Change	Addition		
	ET ADDRESS	60 G	opennis Lypness He K Have	Gels	RS	3.3 STREE	T ADOR	ESS						
CITY	-ST-ZIP	4)10	tek Have	NF	135880	3.4 CITY-S								
TITL	E		1 1 2		DELETE	4.1 TITLE					Change	Addition		
NAM	E					4.2 NAME				,	Change	Addition		
STRE	ET ADDRESS					4.3 STREE	TADDR	ESS						
CITY-ST-ZIP						4.4 CITY-S	T-ZIP							
TITU	- I				DELETE	5.1 TITLE					Change	Addition		
NAM	E					5.2 NAME				·	Grange	☐ ∨aniion		
STRE	ET ADDRESS					5.3 STREE	r addri	ESS						
CITY	ST-ZIP					5.4 CITY-S								
TITLE					DELETE	6.1 TITLE				7	Change	Addition		
NAM	E					8.2 NAME				L	Unlange	PE		
STRE	ET ADDRESS					6.3 STREET	ADDRE	ss				10.9		
CITY-\$T-ZIP						6.4 CITY-ST-ZIP			ነ	EP \$6	1.25			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

8-26-58 941-293-6669

FILED

Oct 09 1998 8:00am3

Secretary of State