05131999-90027-014-$70.00-$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

548996 - 90027 - 14

DOCUMENT #N22027

1. Corporation Name
Citrus Chapter of
The Florida Association of Mortgage Brokers

Principal Place of Business	Mailing Address
4415 S. Florida Avenue Lakeland, Fl. 33813	PO Box 6477 Tallahassee, FL 32314 -6477

5|13|99 90027 014 $70.00

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 6477	3. Date Incorporated or Qualified 8/13/87
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2946556 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Tallahassee, FL	5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 32314-6477 Country 30 Leon	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LORENE BRIDGES 1274 PAUL Russell RD. TALLAHASSEE, FL. 32301	81 Name KAREN J WORDELL - SMITH 82 Street Address (P.O. Box Number is Not Acceptable) 1292 CEDAR CENTER DR 83 TALLAHASSEE, FL 32304 84 City TALLAHASSEE FL 85 Zip Code 32304

11. Pursuant to the provisions of Sections 617.0502 and 617.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Karen J Wordell Smith - KAREN J WORDELL SMITH 4/16/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Randall Greatens, Director 4415 S. Florida Avenue Lakeland, FL 33813 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sandra W. Katter, D 855 Susan Drive Lakeland, FL 33803 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Windel Tidwell, D 512 Shady Lane Lakeland, Fl. 33803 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition KE

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Randall J. Greatens RANDALL GREATENS 4-19-99 941 644 2922
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #