

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N22028 (7)

1. Corporation Name

WEST COAST CHAPTER OF THE FLORIDA ASSOCIATION OF  
MORTGAGE BROKERS, INC.



Principal Place of Business

Mailing Address

10212 OAKLEAF AVE  
TAMPA FL 33612  
US

1274 PAUL RUSSELL ROAD  
TALLAHASSEE FL 32301  
US

3. Date Incorporated or Qualified  
08/13/1987

3a. Date of Last Report  
05/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
59-2933286

Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIDGES, LORENE  
1274 PAUL RUSSELL RD.  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1282 Paul Russell Road

83

84 City

FL

85 Zip 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 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

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 PD  
NAME HAVILAND, DOROTHY  
STREET ADDRESS 10212 OAK LEAK AVE  
CITY-ST-ZIP TAMPA FL ☒ DELETE

1.1 TITLE President (PD) ☒ Change ☐ Addition  
1.2 NAME Richard Sharlock  
1.3 STREET ADDRESS 11523 91 Terrace N.  
1.4 CITY-ST-ZIP Seminole FL 34642

TITLE VPD  
NAME SHERLOCK, RICHARD  
STREET ADDRESS 11523 91ST TERR N.  
CITY-ST-ZIP SEMINOLE FL ☐ DELETE

2.1 TITLE Vice President (VPD) ☒ Change ☐ Addition  
2.2 NAME Clark, Ron  
2.3 STREET ADDRESS 2610 W. Hillsborough  
2.4 CITY-ST-ZIP Tampa FL

TITLE SD  
NAME CLARK, RON  
STREET ADDRESS 2610 W. HILLSBOROUGH  
CITY-ST-ZIP TAMPA FL ☐ DELETE

3.1 TITLE Secretary (SD) ☒ Change ☒ Addition  
3.2 NAME Ginny Cooper  
3.3 STREET ADDRESS 8817 Bay Pointe Dr C-208  
3.4 CITY-ST-ZIP Tampa FL 33615

TITLE TD  
NAME MEDLIN, BOB  
STREET ADDRESS 3406 VALLEY RCH DR  
CITY-ST-ZIP LUTZ FL ☒ DELETE

4.1 TITLE Treasurer (TD) ☐ Change ☐ Addition  
4.2 NAME Medlin, Bob  
4.3 STREET ADDRESS 3406 Valley Ranch Dr  
4.4 CITY-ST-ZIP Lutz, FL

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

Bob Medlin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96  
Date

813-282-8205  
Daytime Phone #

CR2E037 (12/95)